Annotated Bibliography of Aboriginal Women's Health and Healing Research

Martin Bennett, M.A.,
and the
Aboriginal Women's Health and Healing Research Group

Ox I: A Cleopatra of Natives
The woman standing in front of the framed hide represents the tribal, Meli' and First Nations of Canada. The full-length aboriginal woman's dress is a traditional dress or gown that has a decorative to carry babies - she represents the relationship of mother and child and intergenerations. The aboriginal woman's hair and dress are symbolizing the people's culture. And the First Nations' women's identified in single-dance show symbols long lasting and the celebration of culture. The woman has hair in agreement and union for better health for her generations.

About the Artist
Zora Walwin-Kenak, is from the Ojibwe/Okinawa Nation in the Wawangkong Unceded Indian Reserve in Manitoba, Manitoba, Ontario. Her art reflects the traditional wood and style of her Odawa heritage.

Commissioned by the
Aboriginal Women's Health and Healing Research Group,
Vancouver, British Columbia

December 2005
Dedicated to ...

Norma Jean Pheifer, who died under suspicious circumstances in April 2005 in Winnipeg. Your unwavering strength, laughter, vibrancy and beauty will live on in my heart and in the hearts of those who loved you. Rest peacefully my beautiful cousin.

Marilyn

Acknowledgements

The Aboriginal Women’s Health and Healing Research Group would like to thank and acknowledge Dr. Kay Willson for her dedication and support of the organizational development of the AWHHRG, as well as her support for the production of this literature review.

Acknowledgements are also extended to the University of Manitoba and University of Saskatchewan Librarians who assisted with forwarding a list of valuable resources from which we were able to draw in putting this review together.

Annotated Bibliography of Aboriginal Women’s Health and Healing Research

For more information contact:

Aboriginal Women’s Health and Healing Research Group
406-2194 Health Sciences Mall
College of Health Disciplines
Woodward Building
Instructional Resources Centre
University of British Columbia
Vancouver, B.C. V6T 1Z3

Telephone: (604) 827-3349
Fax: (604) 822-2495
Email: info@awhhrg.ca
Website: www.awhhrg.ca
An Annotated Compilation and Overview of Research on Aboriginal Women, Health, and Healing

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Overview

This compilation of material provides an interdisciplinary overview of the Canadian research literature on issues respecting Aboriginal women, health and healing. In particular, the aim was also to identify gaps between existing research and community concerns as expressed by Aboriginal women. It covers a wide array of disciplines and fields of study, including social work, nursing, education, law, history, psychology, sociology, and political science, as well as ethnic, Aboriginal/Native and women studies. This comprehensive overview is based on an analysis of all materials that could be retrieved via on-line periodical indexes, library catalogues, and website searches. These items include journal articles, books, reports, theses, and governmental documents as well as unpublished manuscripts. Particular effort was also made to include graduate level work and, where possible, project reports from completed research initiatives. International research was incorporated only if it included a focus on Canada; otherwise the emphasis is clearly on the Canadian literature.

Search Strategies and Parameters

A number of different search strategies were used to ensure inclusion of a wide range of materials across the various disciplines. On-line search services were used to locate academic journal articles, while books, theses, reports, videos and governmental documents were found via major university library catalogues. In addition, various website searches facilitated the retrieval of relevant research project reports, conference papers and other unpublished documents. In all cases, the particular keywords used were tailored to the particular search service or strategy employed in order to ensure the optimal retrieval of relevant materials. Care was also taken that the search terms used reflected topic areas and terminological usage within each of the various disciplines covered in this literature review. The time frame covered in the literature search was limited only by the search services themselves. All searches are as up-to-date as possible and include the most recently published books and journal articles in addition to some older sources.

Journal articles and conference papers were located via such on-line services as Sociological Abstracts, Humanities Index, PsychInfo, Psychlit, Medline, Dissertation Abstracts, Arctic Science and Technology Information System (ASTIS Database), Microlog (Canadian Government Documents) and Social Sciences Abstracts (Social Sciences Index). A search of Current Contents—an interdisciplinary search service—was also undertaken to ensure that even the most recently published materials were included, namely those not yet catalogued by the various search services. Books, theses, reports, videos, and government documents were located via the on-line catalogues of the Library of Congress, York University Libraries and the University of Manitoba Libraries. Research reports, workshop papers and unpublished documents were found via website searches of Native Women’s Association of Canada, Pauktuutit Inuit Women’s Association, Canadian Heritage, Status of Women Canada, The Prairie Women’s Health Centre of Excellence, National Aboriginal Health Organization (NAHO), Health Canada, The Canadian Women’s Health Network, or else provided by the author’s personal collection of relevant
materials. These searching techniques were refined and expanded to include synonyms or variation of the words: Aboriginal, First Nations, Indian, Métis, Inuit, Native, Indigenous, and Native American Indian women. An annotated listing of literature searched appears at the end of each section.

Approximately 100+ items were retrieved via on-line services and library catalogues using these search strategies. In addition, more than 250 documents were scanned via website searches for possible relevance. Over 1,000 items which were retrieved using a wide range of search terms relevant to Aboriginal women’s health and healing, were then retained after a second cut by the author. The overall retention ratio was thus close to one in five items.

Each item relevant to this literature review was then added to a database created with Reference Manager, version 11. Reference Manager is a reference database program – it specializes in storing, managing and searching for bibliographic references in a personal reference database (Thomson ISI ResearchSoft, 2004). When and where possible, each item was annotated or the material abstract was relied upon to assist the researcher with organizing and assessing the content of the material for this review.

Analysis of Material

Each of the 900+ reference items retained in this comprehensive literature search was then analyzed to determine the particular themes that began to emerge from the sources retained. This entailed a complete review, analysis and coding of both the considered and retained items by the author in order to distill major topic areas, themes, and issues (twice). The goal of this “content analysis” was a) to determine what research has been undertaken in Canada to date on issues related to Aboriginal women’s health and healing, in order to understand b) the gaps in knowledge about Aboriginal women’s health and healing and determine areas requiring future attention. Given the volume and diverse range of materials located via this interdisciplinary literature search, this literature review is limited to an analytic overview of research undertaken rather than an in-depth synthesis of all research findings. An annotated bibliography of sources gathered as part of this review can be found in the Appendices attached to this report. The material gathered together for this review represents approximately 1,057 references, 2,020 authors, 243 keywords, 299 periodicals and 35 publication years.

Overview of Major Thematic Areas

The analysis of the compiled materials originally revealed 28 smaller distinct thematic areas. Analyzing the breadth of research in these 28 areas proved to be a difficult, daunting and time-consuming task, so a second review of the topic areas was conducted and the material collapsed into smaller divisions of information. The second thematic review of the literature produced 13 theme areas with distinctive interrelated sub-categories. Readers must bear in mind that these categories and/or themes are not mutually exclusive of one another. In many cases these resources can fit into more than one of the research themes identified in this paper. Each section contains a brief overview of what the literature contains about Aboriginal women’s health. The overview is followed then by an alphabetical listing/bibliography of all the literature referred to under that thematic area. In most cases, the majority of resources referred to have been annotated; however, there were many that remain unannotated because the resource could not be found. A summary of these 13 larger thematic areas and key subheadings appears in the table on the following page.
<table>
<thead>
<tr>
<th></th>
<th>Research Themes</th>
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<tbody>
<tr>
<td>1</td>
<td>COLONIZATION, RACISM AND UNEQUAL TREATMENT UNDER CANADIAN LAWS</td>
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<tr>
<td></td>
<td>Broadly, the literature focuses on issues related to justice, jurisdic-</td>
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<td></td>
<td>tional confusion re funding of health services, human rights violations,</td>
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<td></td>
<td>discrimination, and the restoration of justice for Aboriginal women.</td>
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<td></td>
<td>Unequal treatment also involves the interrelated issue of racism against</td>
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<td></td>
<td>Aboriginal women. The history of colonization, treaty issues, residential</td>
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<td></td>
<td>schools and the traditional roles of women are also discussed. The impact</td>
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<tr>
<td></td>
<td>of colonization and racism as highlighted in this section is also weaved into</td>
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<tr>
<td></td>
<td>many of the thematic areas discussed below;</td>
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<tr>
<td>2</td>
<td>ACCESS, DELIVERY AND PERSPECTIVES ON HEALTH SERVICES</td>
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<tr>
<td></td>
<td>The research in this area centers on key health issues, the status of health</td>
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<td></td>
<td>care, perceptions, participation, decision making and attitudes and behav-</td>
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<td></td>
<td>iours of Aboriginal women toward the health profession. The discussion</td>
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<td></td>
<td>centers on the increased need for assessments, screening and research that</td>
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<td></td>
<td>highlights specific and existing barriers in Aboriginal women’s ability to</td>
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<td>access health services;</td>
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<tr>
<td>3</td>
<td>BIRTHING, INFANTS AND MOTHERHOOD</td>
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<td></td>
<td>The heart of the research under this area considers mothers, pregnancy,</td>
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<td></td>
<td>newborns, midwifery, teen pregnancy and adolescent mothers, sterilization,</td>
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<tr>
<td></td>
<td>gynecological issues, infant mortality, breastfeeding, SIDS and mothers’</td>
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<td></td>
<td>involvement in children’s health care. Discussions include aspect of FASD;</td>
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<td>4</td>
<td>PHYSICAL ASPECTS OF ILLNESS</td>
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<tr>
<td></td>
<td>The literature under this heading includes research on breast and cervical</td>
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<td></td>
<td>cancer among Aboriginal women. It also includes a review of research looking</td>
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<tr>
<td></td>
<td>at bone fractures and other physical maladies experienced by Aboriginal</td>
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<td></td>
<td>women;</td>
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<td>5</td>
<td>MENTAL HEALTH NEEDS</td>
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<tr>
<td></td>
<td>This research area includes resources that highlight the health issues</td>
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<tr>
<td></td>
<td>regarding stress, depression, self-harm, suicide, death as well as</td>
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<td></td>
<td>psychological and intergenerational impacts of the residential school</td>
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<td></td>
<td>experience on female survivors. The issue of addiction and use of drugs and</td>
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<td></td>
<td>alcohol as a coping strategy will also be integrated;</td>
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<td>6</td>
<td>VIOLENCE AGAINST WOMEN</td>
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<tr>
<td></td>
<td>This broad area encompasses family and domestic violence including sexual</td>
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<td></td>
<td>violence against women such as sexual abuse (incest), sexual exploitation and</td>
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<td></td>
<td>prostitution. Understanding the sexuality and sexual health of Aboriginal</td>
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<td></td>
<td>women would also be a focus of this area. The sexual health of Aboriginal</td>
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<td></td>
<td>women also includes a review of research comprised of literature regarding</td>
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<td></td>
<td>sexually transmitted diseases, HIV/AIDS and prevention and protection against</td>
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<td>STDs;</td>
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<td>7</td>
<td>DIABETES</td>
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<td></td>
<td>This area looks primarily at the impact of diabetes on women in the</td>
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<td>Aboriginal population;</td>
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<td>8</td>
<td>BODY IMAGE AND DIET</td>
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<td></td>
<td>The research in this area includes research touching upon issues of obesity,</td>
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<td></td>
<td>weight gain, and lack of exercise as well as body and weight perspectives,</td>
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<td></td>
<td>eating disorders and food procurement by Aboriginal women;</td>
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<td>9</td>
<td>ENVIRONMENTAL ISSUES</td>
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<td></td>
<td>Focus of the research in this area includes issues of healthy and polluted</td>
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<td></td>
<td>environments, primarily in the context of northern and Inuit women. It</td>
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<td></td>
<td>includes research that has looked at the link between diet and pregnancy in</td>
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<td>Aboriginal women;</td>
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<td>10</td>
<td>THE HEALTH OF SPECIFIC GROUPS OF ABORIGINAL WOMEN</td>
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<td></td>
<td>This area will focus on the health experiences of women in prison, women</td>
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<td></td>
<td>living within an urban context, and the physical, cognitive and learning</td>
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<td>disabilities of Aboriginal women who have disabilities. Issues for older</td>
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<td>Aboriginal women, such as menopause, will also be a factor examined in this</td>
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<td></td>
<td>section. It includes health issues for lesbian women involved in same-sex</td>
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<td>relationships. Research examining the distinct health needs of First Nation,</td>
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<td></td>
<td>Métis, and Inuit women is also reviewed. In addition research looking at a</td>
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<td>wide variety of health factors for other Indigenous women from the United</td>
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<td>States, Australia and other countries is also reviewed;</td>
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<td>11</td>
<td>SOCIAL, EDUCATIONAL AND ECONOMIC DETERMINANTS OF HEALTH</td>
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<td></td>
<td>The role of poverty, housing, income, homelessness, single parent families</td>
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<td>and current family trends including the role of child welfare in relation to</td>
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<td>Aboriginal mothers are the central points of debate in this section; It also</td>
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<td>includes a focus on Indigenous knowledge respecting spirituality, medicines</td>
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<td>and the importance of women’s involvement in the health and education field.</td>
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<td>Aboriginal research methods and methodologies most conducive to women in</td>
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<tr>
<td></td>
<td>health research are also examined;</td>
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<tr>
<td>12</td>
<td>SELF-DETERMINATION AND SELF-GOVERNMENT</td>
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<tr>
<td></td>
<td>The research centers on issues regarding membership, citizenship and the</td>
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<td>political expressions of leadership by Aboriginal women including issues</td>
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<td>surrounding adequate power in the government structures of Aboriginal</td>
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<td></td>
<td>governments;</td>
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<td>13</td>
<td>IDENTITY, CULTURE, SPIRITUALITY AND HEALING</td>
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<tr>
<td></td>
<td>Discussion in this area includes an array of research that has focused on</td>
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<td>empowerment, resilience, positive gender and ethnic identity, as well as</td>
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<td>self-esteem factors for Aboriginal women. The role of traditional culture</td>
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<td>and medicine as well as the importance of cultural teachings, storytelling</td>
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<td></td>
<td>and women’s responsibility as keepers of the culture will be the main focus</td>
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<td>of this section. Restorative justice measures are included in this part of the</td>
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<td>review. Lastly, the issue of healing and Aboriginal women’s approaches to</td>
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<td>healing for selves, family and community is also considered.</td>
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</table>
Introduction

Madeleine Dion Stout stated that addressing the health needs of Aboriginal women is important to understanding the contextual framework of Aboriginal women’s needs. Dion Stout (1996) further elaborated by stating that Aboriginal women’s relatively poor health status can only be understood in the context of a range of health determinants, including socioeconomic status, education and employment conditions, social support networks, physical environment, healthy child development and access to health services. The population health approach recognizes that health is influenced by a number of factors, or determinants. One determinant is gender; others include income and social status, social support networks, education, employment and working conditions, social environments, physical environment, biological and genetic factors, personal health practices and coping skills, healthy child development, healthier services and culture (Health Canada, as quoted at p.2 by Deiter & Otway, 2001).

This review starts by looking at the history of colonization and racism and how this has impacted Aboriginal women’s health across and within all the thematic areas categorized in this review. This discussion sets the background for understanding how Aboriginal women have been subsequently treated unequally within Canadian society. Issues regarding access to and delivery of services, Aboriginal women’s conceptions and ideologies about the health system follow from there. As these are interdependent areas, the first three sections set the stage for visualizing how Aboriginal women have been impacted in many areas, not just the health system. The analysis of these key themes includes a general overview of some of the literature that focuses on the resiliency of Aboriginal women including a look at the role of culture and spirituality in helping to empower and heal Aboriginal women and their efforts to assist in the healing process, not just for themselves, but for their families and communities also. Gaps in the research are addressed at the end of this report in the body of the conclusion. A summation of the gaps addressed in each separate section is also woven into a separate section along with the conclusion of this overview. Because of the breadth of research available, it was not possible to provide an in-depth analysis of all the material found in each of these areas. As such, readers are encouraged to review the annotated bibliographic material gathered for each section of this report.

1. Colonization, Racism and Unequal Treatment of Aboriginal Women

Broadly, the literature under this heading focuses on issues related to justice, jurisdictional confusion re funding of health services, human rights violations, and discrimination against Aboriginal women. Unequal treatment also involves the interrelated issue of racism against Aboriginal women. The history of colonization, treaty issues, residential schools and the traditional roles of women are also discussed. The impact of colonization and racism as highlighted in this section are also evident in many of the thematic areas demarcated below.

In traditional Aboriginal cultures, women were considered to be the givers of life. Traditionally this role in the family and within the community was highly respected (Anderson, 2000a, 2000b; and Kulchyski, McCaskill & Newhouse, 1999). Womanhood in earlier Aboriginal cultures, Anderson (2000a) noted, was considered a sacred identity which existed within a complex system of relations in societies based on balance between men and women (p.57). Early accounts written by explorers describe First Nations societies that were egalitarian in structure (Brodribb, 1984; and Rude & Deiter, 2004). Anderson (2000b) in particular, and other authors such as Baskin (1982), Armstrong (1996)
Annotated Overview of Research on Aboriginal Women, Health and Healing

and Annett (2001) have written extensively about the balanced political powers once enjoyed by Aboriginal women in their relationships with men in their communities. Today Aboriginal women do not enjoy the same stature or political powers as they once did (Moore, 1992; Anderson, 2000a; and Redbird, 1998). It was primarily through direct attacks on Aboriginal women’s powers and their role within family systems that the disempowerment of First Nations peoples was achieved (Armstrong, 1996). The prominence and respect once accorded Aboriginal womanhood has been significantly reduced and has been systematically eradicated throughout the long history and process of colonization (Brodribb, 1984; Monture-Angus, 1995; Redbird, 1998; and Moffitt, 2004) as well as through the imposition of foreign laws (Monture-Angus, 1995). Webster’s Dictionary (1993) defines colonization as “the act of bringing into subjection or subjugation by colonialism,” and colonialism is defined as “the aggregate of various economic, political and social policies by which an imperial power maintains or extends its control over areas or people.” Power and control play dominant roles in colonialism creating hierarchy, which puts considerable stress on the health of people (Evans, Barer, & Marmor, 1994). Colonialization has also been considered as a stressor that caused social trauma or a “soul wound” to Aboriginal people (Walters & Simoni, 2002). Colonialization has far-reaching effects into the very essence of a person’s being, producing wounds of great intensity and depth (Moffat, 2004). Colonialism has had a profoundly negative effect on Aboriginal communities in Canada as a whole, affecting not only Aboriginal women’s relations with Aboriginal men, but has pushed many Aboriginal women to the margins of their own cultures and Canadian society as a whole (Jacobs, 2002). Colonialization resulted in stigmatization, marginalization, loss of cultural identity, and a health status that falls below that of mainstream Canadians (Health Canada, 2002). Aboriginal women in particular face greater risks of complex health issues in a variety of areas than women generally do within the Canadian population (Health Canada, 1998). This increased risk is partly attributable to Aboriginal women’s marginalized position in society and due to rapid changes within their cultures because of early patriarchal colonizing forces (Brodribb, 1984; Moffit, 2004).

A large body of literature now exists which noted that with the change of traditional lifestyle and living, the Aboriginal people lost their cultural identity and became dependent on Western society (Berger, 1988; and RCAP, 1996). Loss of cultural identity has contributed to the poor health of the Aboriginal people and made way for substance abuse, sedentary lifestyles, and family violence that was not a part of the traditional life of the Aboriginal person (RCAP, 1996). Residential schooling silenced native ceremony and practices, contributing to the loss of Aboriginal cultural identity (RCAP, 1996; Fournier & Crey, 1997; Bennett, 2003). The estrangement of children from their families, coupled with indoctrination by the church, was instrumental in dividing and fragmenting the culture. Children were separated from their families, forced to dress in foreign clothes, and forbidden to speak their language. Girls were forced to cut their hair and treat menstruation as an affliction rather than as a natural, honored occurrence. Children raised in boarding schools grew up to become parents with institutional or in some cases non-existent parenting skills (Fournier & Crey, 1997; Law Commission of Canada, 2000). Some authors (Annett, 2001 and Kimmelman, 1982 for example) have referred to this evidence as a history of genocide against Aboriginal peoples in Canada. Annett (2001), in summarizing a vast array of testimony, documents and other evidence, establishes that churches, corporations, and the Canadian governments were guilty of genocide, a charge, Arnett concludes, that violates the United Nations Conventions on Genocide, which Canada
ratified in 1952, and to which it is bound by international law.

In order to further understand the role of colonization, racism and unequal treatment of Aboriginal women under Canadian law, one must also look at the constitutional and human rights debates that have marked the history of relations between Aboriginal people and the governments of Canada. Cornet’s review of the literature in this area sought to determine whether First Nations women can utilize a mechanism such as the Canadian Human Rights Act to address issues of discrimination for Aboriginal women specifically. The rights of Aboriginal women, particularly First Nations women, have, over the past 35 years, engendered a great deal of litigation, legislative reform and constitutional change. For instance, Cornet (2001) highlights the 1985 amendments to the sexually discriminatory provisions in the Indian Act and the historic amendments made to the Constitution Act, 1982 in which First Nations women were guaranteed, along with First Nations men, equal access to existing Aboriginal and Treaty rights as among many of the achievements and gains made by First Nations women in Canada. So too would the discriminatory election provisions barring off-reserve band members (particularly reinstated women) from voting in band councils elections as set out under the Indian Act be deemed unconstitutional according to the 1999 decision in Corbiere.

Despite these lauded changes Aboriginal women still express continuing concerns about the unequal status of Aboriginal women under the Indian Act. Outstanding concerns include residual sex discrimination in the Indian status entitlement provisions (Cornet, 2001), access to band membership (Deşjralais, 2002), participation in self-government or governance-related measures (Sayers & MacDonald, 2001), access to programs and resources controlled by band council governments and division of matrimonial real property on reserve among many others (Abbott, 2003). In particular, Cornet (2001) notes that

Section 67 exemption provision under the Indian Act does not automatically trigger a review under human rights legislation if the human rights of First Nations women are infringed upon by either federal or Aboriginal governmental actions. This provision effectively prevents Aboriginal women from obtaining relief under the Canadian Human Rights Act from certain discriminatory provisions under the Indian Act. The inequality of that particular provision has long been a topic of concern and debate (since the mid-1970s) and was front and center until the adoption of the Canadian Charter of Rights and Freedoms and the new Constitution Act in 1982. And while the 1985 amendments have reinstated membership to some women, it hasn’t been equitably applied in other cases, resulting in differential treatment of Aboriginal women and children. The Indian status and band membership entitlement provisions raise significant equality rights issues for all Aboriginal women which will continue to divide families and will result in the extinction of some First Nations as the effect of the second generation cutoff rule is realized and may not be justified in future Charter analyses of the issue (Eberts, 2000 as quoted in Cornet, 2001).

The Native Women’s Association of Canada in particular has singled out the Indian Act as a central source of oppression for Aboriginal women. A quote from a study of criminal justice issues conducted by Nahanee (1995) for NWAC bears repeating as it succinctly explains NWAC’s position on the role of the Indian Act in women’s lives:

The examination of the Indian Act “customary” and elected governments is important for determining the role of Aboriginal women within the criminal justice system. It is under Indian Act governments that Aboriginal women have been suppressed. That oppression of Indian women’s rights, in particular, comes not from the Indian communities themselves, but from the imposition of the federal machinery of government. It is mainly the white state that has imposed its laws upon the Indian community and forced Indian women to leave their communities. It is the Indian Act that has resulted in mainly men being
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The long history of gender-based discrimination in the Indian Act has had severe and negative impacts on First Nations women. Because of this, protection against gender-based discrimination in any Indian Act reform initiatives must continue to be secured, say First Nations women’s organizations (Nahanee, 1995; and Jacobs, 2002). A more thorough review of key research on gender discrimination within Canadian legislation with respect to Aboriginal women can be found in a vast array of research conducted in this area by colleagues Cornet, 2001; McIvor, 1999, 1996, 1995a, 1995b, and 1994; Monture-Angus, 1995a and 1995b; Moss, 1997; Nahanee, 1997, 1996, 1993 and 1992; Turpel-Lafond, 1997; and Canadian Human Rights, 1994; to name but a few.

In fact, First Nations women may find themselves in many legal and social situations in which they may be discriminated against on a combination of grounds. Cornet (2001), for example, notes that the equality interests of First Nations women, can, and often do, intersect and overlap in many situations. This means First Nations women can be subjected to stereotypes applied to First Nations peoples generally, plus stereotypes applied to women or stereotypes applied to First Nations women in particular, and many others such as stereotypes about women who are lone parents. Another excellent example of where this is so is in Razack’s (1994) brilliant analysis about the combined effects of racism, sexism and violence experienced by Aboriginal women when they report being sexually assaulted by Aboriginal men. In many such cases before Canadian courts, Razack notes that the violence, racism and sexism experienced by Aboriginal women often take a backseat to discussions on culture (as if culture is the reason that Aboriginal men rape). Razack indicates that gender-based concerns as expressed by Aboriginal women are not even considered for the most part because many of the judgments regarding sexual violence against Aboriginal women are gender biased with too much emphasis on culture and the interpretation of culture’s role in acts of violence against racialized women such as Aboriginal women.

In 2000, Razack published another wonderful article on the combined effects of discrimination experienced by Aboriginal women when she wrote about the murder of Pamela George, an Aboriginal woman and a 28-year-old mother of two, who was beaten to death. She often moonlighted as a prostitute to make ends meet for her family. The judge, Razack notes, sparked a furor when he instructed the jury that they could bear in mind, as part of their deliberations, that Pamela George was a prostitute. The issue of consent was important in determining whether the young men should be convicted of manslaughter rather than first-degree murder. The judge also stated that “it would be dangerous to convict the men on the murder charge.” One of the men hid in the trunk of the car when they picked Pamela George up, so that she would not know that there were two of them. George never agreed to be with both men. She struggled to get away from them but they forced her to perform oral sex on them. When she refused and fought back with them, she was beaten so badly that her family could not open the casket for her funeral (Jacobs, 2002). The fact that she was a prostitute was a mitigating factor that justified and diminished the culpability of the two men in her death. The two men in that case were convicted of manslaughter and sentenced to six and a half years in prison. The Aboriginal community believed that at the very least the two men should have received second-degree murder and the fact that she was a prostitute should have had no bearing on the decision. Both men
subsequently obtained parole in 2000. Razack also provides an excellent analysis of the inextricably linked collective histories of the two murderers and Pamela George, which she refers to as “racialized spaces.” Pamela George’s history is characterized as being one of dispossession and accompanying violence while the two murderers’ history is characterized as benefiting from that dispossession and violence and how the law complicitly ensures this inequality. In the end, Pamela George stood abstracted from history and remained for the court only an Aboriginal woman working as a prostitute in a rough part of town. This is a fascinating and worthy but complex analysis too lengthy to discuss here but is a prime example of the injustice perpetrated in the Canadian courts against Aboriginal women. Other sources that have looked primarily at the connectivity between colonial domination, race, class, gender and Aboriginal women include that by Bourgeault (1989), Buchanan & Johnson (1998), Browne & Fiske (2001), Canadian Feminist Alliance for International Action (2003), Gill (2000), Jaccoud (2004), Kelly (2003), and Laing (2000), among many others.

Nowhere is the inequitable and racist treatment of Aboriginal women more evident than in the case of missing Aboriginal women within Canada and Canada’s indifference to their whereabouts. Green (2004) and Amnesty International (2004) have both highlighted the fact that there are over 500 Aboriginal women who have gone missing or are feared dead in Canada over the past 20 to 30 years. NWAC has launched the “Sisters in Spirit” Campaign to bring more attention to this issue (Amnesty International, 2004). Few of these cases have been vigorously investigated by police and the media, until now, had paid little attention to this growing concern. In the interviews Amnesty International Canada (2004) conducted with the missing victims’ families, police appear to have repeatedly failed both to protect Indigenous women and to investigate crimes against them thoroughly or promptly. The latter indicates that officers have at times waited days to follow up on reports of missing women, even when they vanished under suspicious circumstances; in particular, one family found the police had lost the file on their relative’s disappearance. Green (2004) has noted, as has Amnesty International (2004) and others (Warren, 2001), that a combination of racism and sexism which exists within Canadian institutions often characterizes and frames these women as worthless. In 1996 Indian and Northern Affairs Canada reported that “Aboriginal women with status under the Indian Act and who are between the ages of 25 and 44 are five times more likely to experience a violent death than other Canadian women in the same age category” (Elgersma, 1996).

The crime has not stopped and with approximately 1.5 million Aboriginal people in Canada and half of that population being women, Aboriginal women have become prime targets and are the most vulnerable to acts of violence. Warren (2001), writing about the serial murders of other Aboriginal women in Canada, looked extensively at the case of John Martin Crawford and his involvement in the deaths of four Aboriginal women in the prairie communities of Alberta and Saskatchewan. In his book he noted that there was little outcry or concern expressed by the media, law enforcement, the legal profession as a whole and/or by Canadian society about the deaths of these Aboriginal women, leading Warren to conclude that Canada was indifferent to Aboriginal women and that this indifference is largely born particularly from the intersection of racism, sexism and violence against Aboriginal women in Canadian society. In Stop the Undeclared War against Aboriginal People, a report prepared for the World Conference against Racism in August 2001, many women gathered to share their experiences of oppression and resistance. It was found that the killing and maiming of Aboriginal/Indigenous women was not...
uncommon. Rather it was far too common to have women disappear and be killed without any investigation by the police in numerous jurisdictions across Canada (Jacob, 2002; Amnesty International, 2004).

Other areas of unequal treatment of Aboriginal women addressed within the existing literature include the experiences of Aboriginal women in the prison system (Monture-Angus, 1992, 1999; Nahaneee, 1995; and Sangster, 1999); anthropological/feminist perceptions by non-Aboriginal women (Moreton-Robinson, 1998); sexual harassment and adjudication of such incidents in the workplace (Nelson, 1991); the normalization of violence against Aboriginal mothers and the creation of additional obstacles for women wanting child custody and access rights to their children (Nipshank, 2005); and within the Canadian child welfare systems (Kline, 1992, 1993; Fiske, 1993). An Indigenous perspective on gender oppression within Aboriginal societies was also explored by Ouellette (2002) in The Fourth World: An Indigenous Perspective on Feminism and Aboriginal Women’s Activism. A contemporary examination of Aboriginal women’s attempts to reconstruct their identity and reclaim their womanhood was addressed in A Recognition of Being: Reconstructing Native Womanhood by Kim Anderson (2000). Anderson joined forces with Lawrence in 2003 and produced an excellent array of articles that focus on the strength of women and women’s role in ensuring cultural integrity and survival today.

While the literature relied upon in this section has highlighted primarily the experience of First Nations women, this does not mean that other Aboriginal women have not suffered the same fate. In fact, Inuit and Métis women also have all at one time enjoyed a balanced existence within their own communities and cultures of origin. The violence perpetrated against other Aboriginal women by their own men, communities and Canadian society at large cannot or cares not to distinguish or recognize the differences between different Aboriginal groups within Canada. Monture-Angus aptly put this issue this way in her examination of feminism and Aboriginal women:

To begin, the term “Aboriginal” refers to three distinct post-contact groups: Indian, Inuit and Métis. Each has its own identity, history and gender-specific realities, for both women and men. Given the diversity between communities and nations, defining a single Aboriginal women’s feminist perspective is neither possible nor productive. To suggest there is a single women’s movement is ludicrous. Similarly, there is not a single Aboriginal women’s perspective or movement. Aboriginal women are women of many different nations and many different experiences (Monture-Angus 1995, p. 169).

It is important to acknowledge that there is a diversity of experiences among Aboriginal women and peoples across North America (Rude & Deiter, 2004). A more complete examination of violence against all Aboriginal women is discussed in Part 7 later on in this report.

A numerical and alphabetical list of additional resources under this thematic topic can be found in the following section, which includes annotations in most cases.

Bibliography of Resources


Keywords: Aboriginal Women/British Columbia/Canada/women

Abstract: This report was commissioned by Indian and Northern Affairs Canada in December 2001. The primary objective of this research was to qualitatively document the contextual experiences and outcomes for Aboriginal women and their children who had to leave their reserve homes upon marital breakdown. A second and equally important aspect of this research was to suggest a new paradigm shift away from one that now focuses on the associated legal risks of changing the current matrimonial real property regime. (Adapted from the Executive Summary)

Keywords: Aboriginal Women/Treaties


Keywords: Racism/Sexism/Aboriginal Women/Images

Abstract: The extent to which non-Aboriginal literature pervades Canadian life is discussed within the contexts of racism and sexism. In particular, stereotypical images of Indigenous women are deconstructed and readers are called upon to question their own epistemologies. The powerful relationship between text and reader is highlighted through a social history of Western-assigned images of Aboriginal women. The connection between language and memory, feeling and being is made evident and both Aboriginal and non-Indigenous readers are encouraged to challenge the inequalities offered by Euro-Canadian literature and society. The critical reading strategies employed by Acoose can usefully be applied to a discursive analysis of policy.


Keywords: Aboriginal Women/Human Rights/Social Justice and Equity/Violence Against Women

Abstract: Looks at the factors that have contributed to a heightened risk of violence against Indigenous women in Canadian cities, including the social and economic marginalization of Aboriginal women. Examines the role of discrimination in acts of violence carried out against Indigenous women in Canadian towns and cities (CWHN Abstract).


Keywords: History/Native women/women


Keywords: Huron Women/Economics


Keywords: Native women/Identity

Abstract: Is there a special role for Native women? Author Kim Anderson, herself a Cree-Métis woman, asserts that Native womanhood “is not about simply playing certain roles, or adopting a preset identity; rather... it is an ongoing exercise” in finding the balance between one’s individuality, place in a family, the broader community and nation, and the spiritual world. Anderson explores how the Native female identity has been dismantled over the years through colonization, abuse and disrespect, both within and outside the Native community. She shows how Native women are reclaiming their cultural traditions and creating positive images of themselves true to their heritage.


Keywords: History/Native Women

Abstract: Not available


Keywords: Gender/Gender Equity/Native Women/Work

Abstract: This thesis explores the subject of Native female identity through interviews with twelve Native women in the Toronto area. The intent is to present a positive vision of Native womanhood in response to all the negative images that have plagued Native female identity since contact with the Europeans. To build this vision, the author sought out exemplary Native women and explored the following questions with them: How have Native women resisted negative definitions of identity? How have they constructed positive alternatives? What is the understanding of Native womanhood that emerges? How does this influence the conduct of Native women in their communities? Traditions of gender equity in Native societies, and strategies of resistance to racist and sexist definitions of Native womanhood are presented as part of a literature review. The author approaches the work from a personal standpoint: that of a Native woman seeking information about her identity (Author Abstract).


Keywords: Canada/Culture/Education/First Nations/Health/History/Justice/Medicine/Social Conditions/Work
Abstract: Annotated Overview of Research on Aboriginal Women, Health and Healing


Keywords: Aboriginal Women/Culture/First Nations

Abstract: What is not as well known is that the influences of a patriarchal and imperialistic culture upon a people whose systems were fundamentally co-operative units has been not only devastating, but also dehumanizing to a degree that is unimaginable. It was through the attack on the power of Aboriginal woman that the disempowerment of First Nations peoples was achieved, in a dehumanizing process that is one of the cruelest on the face of this earth. In the attack on the core family system and on the role of Aboriginal woman, the disintegration of First Nations peoples towards genocide was achieved.


Keywords: British Columbia/ Canada/ Culture/Ethnicity/Gender/History/Work/Youth

Abstract: Histories of childhood and youth have generally focused upon social policy toward young people. This dissertation chronicles the actual experiences of youth growing up in and around Williams Lake in the Cariboo-Chilcotin region of British Columbia, a “western” community surrounded by open spaces, ranches, and Aboriginal reservations. Williams Lake underwent economic, demographic, spatial as well as social transformation in the first three decades following the Second World War. Forty-three oral interviews with two sets of subjects who were adolescents in the study area furnished the bulk of the primary evidence. Most of the first “generation” were born in the Great Depression and were teens sometime between 1945 and 1955. The second generations are “baby-boomers” born between 1947 and 1962 who were teens between 1965 and 1975. These joint narrative details select influences of a patriarchal and imperialistic culture upon a people whose systems were fundamentally co-operative units has been not only devastating, but also dehumanizing to a degree that is unimaginable. It was through the attack on the power of Aboriginal woman that the disempowerment of First Nations peoples was achieved, in a dehumanizing process that is one of the cruelest on the face of this earth. In the attack on the core family system and on the role of Aboriginal woman, the disintegration of First Nations peoples towards genocide was achieved.
aspects of their lives at school, at paid and unpaid labour, with friends, and at leisure. It suggests changes and continuities in the experience of local youth between 1945 and 1975. First generation non-Aboriginal subjects grew up with a somewhat coherent peer group but with relatively little physical and social contact with Aboriginal youth. Gendered domestic labour around home and property honed work skills and dispositions from an early age. The emergence of local sawmills greatly expanded work options for males but not females. Males also enjoyed comparatively more spatial and temporal freedom throughout their youth. Second generation subjects grew up in a context of greater urbanization and access to mass culture. The merger of regional youth in the high school along with natural population growth, demographic change including the enrollment of first Aboriginal and then Indo-Canadian youth encouraged factions as well as cultural gulf among youth in the school and community. Their leisure was comparatively less divided, at least on the basis of gender, as many non-Aboriginal parents eased traditional restrictions upon daughters. With notable exceptions this generation contributed less labour to their household and directed part- and full-time earnings into satisfying their own personal interests. The author suggests the pattern of youths’ recreational use of hinterlands during the period reflects common practice in many Canadian communities located in similar rural and isolated settings. He illustrates how factors such as family affluence and circumstances, gender, “race” and ethnicity continued to mediate the experience of growing up in this post-war period. He concludes many more local accounts of the experiences of youth are needed before any attempt is made at an inclusive national historical synthesis of growing up in Canada after the Second World War (Author Abstract).


Keywords: British Columbia/ Gender/ Sexuality/ Aboriginal Women/Aboriginal Men


Keywords: Colonization/Aboriginal Women


Keywords: Aboriginal Women/Canada/

Culture/Human Rights/Native women/ women

Abstract: One problem highlighted by feminists is that of clashes between cultures and international human rights, or more specifically, traditional cultures and international women’s rights. This article examines this issue by looking at the conflicts between the rights of Aboriginal women, Aboriginal communities and the wider Canadian state. The first part of this article highlights some of the basic problems involved in using international law for feminist strategies. The second part sets out three potential feminist remedies to these problems, and the third part illustrates these issues by examining the Lovelace and Native Women’s Association of Canada (NWAC) cases. In the final part, an international feminist analysis is applied to these cases and their underlying conflicts, where it is argued that there are several potential bridges between what appear to be two incommensurable divides.


Keywords: Aboriginal Women/Gender/ Race/ Class


Keywords: History/Métis Women/Social Conditions

Abstract: In this autobiographical memoir, Boyd, a Cree/Blackfoot Métis American who works in the development and production of programming for television and film, comes to terms with her childhood by portraying six generations of her family. Her evocative stories about the lives of her great-grandmother, Margaret; her grandmother, Anne; and her mother, Silversong, are poetic and thought-provoking. “It would not be an overstatement to say I was often in awe of them,” the author writes, “when I considered the courage, determination, and spirit that not only enabled them to survive . . . but to go that one step further.” Boyd tells about prejudice against Native Americans, physical abuse, and the cultural destruction of her people. While researching this work, she discovered that both her grandmother and mother had sworn vows of silence to protect her. Her stories about the endurance of these women give readers a strong model of a family determined to survive (Copyright 1996 Reed Business Information, Inc.).


Keywords: Aboriginal Women/British Columbia/
Gender/Health/Social Justice and Equity/Work

Abstract: Thirteen papers examine the history and current dynamics of the public/private divide and women's inequality, focusing mainly on the Canadian context. Papers consider the historical restructuring of public and private with regard to women's paid and unpaid work (Pat Armstrong); the regulation of sexuality, venereal disease, and reproduction in British Columbia, 1919-45 (Dorothy E. Chunn); the public/private dichotomy, violence, and Aboriginal women (Jennifer Kosman); who pays for caring for children (Katherine Teghtsoonian); home work in garment manufacture and the failure of employment regulation (Amanda Araba Ocran); the maternity/parental leave benefit in the former Unemployment Insurance Act (Nitya Iyer); women in the legal profession and the balance of legal work and family responsibilities (Fiona M. Kay); child welfare and child custody decisions involving mothers with mental health histories (Judith Masoff); employed mothers, lifestyles, and child custody law (Susan B. Boyd); lesbians, child custody, and the law (Jenni Millbank); public taxes, privatizing effects, and gender inequality (Claire F. L. Young); Tory tactics and the privatization of child welfare in Alberta (Marlee Kline); and feminist theory, international law, and the public/private divide. Boyd is Chair in Feminist Legal Studies and Professor of Law at the University of British Columbia.


Keywords: Adequate Power/First Nations/Health/Health Care/Legal Issues

Abstract: A timely series devoted to examining legal issues in Aboriginal health. These legal issues have received little attention in the past, and thus this series is a much needed and informative response. Readers can expect discussion of a number of topics, including the Crown’s fiduciary duty, international law and the Indigenous right to health, intellectual health property, and traditional medicine.


Keywords: Culture/Empowerment/History/First Nations Women/First Nations Women's Encounters with Mainstream Health Care Services

Abstract: A timely series devoted to examining legal issues in Aboriginal health. These legal issues have received little attention in the past, and thus this series is a much needed and informative response. Readers can expect discussion of a number of topics, including the Crown’s fiduciary duty, international law and the Indigenous right to health, intellectual health property, and traditional medicine.


Keywords: Canada/Colonization/Native Women/Research/Status of Women

Abstract: Recent trends in feminist research indicate a growing interest in the impact of Native women on westward expansion and imperialism. The author suggests that while early European contacts affected the status of women negatively, the views of Native women were seldom recorded during these early contact periods. Recent studies have examined the status and changing roles of Native women from the viewpoints of contemporary Native women. The diversity of their opinions continues to be a part of the contemporary debate on the resilience and resourcefulness of Native women in the past (Journal Abstract).


Keywords: Basic Physical Needs/Health/Health Care/Racism/First Nations Women

Abstract: Health care encounters are important areas for study because they reflect social, political, economic, and ideological relations between patients and the dominant health care system. This study examines mainstream health care encounters from the viewpoint of First Nations women from a reserve community in northwestern Canada. Perspectives from critical medical anthropology and the concept of cultural safety provided the theoretical orientation for the study. Critical and feminist ethnographic approaches were used to guide in-depth interviews conducted with ten First Nations women. Findings were organized around two broad themes that characterized implications for clinical interventions with Native peoples of today. The article introduces the general concept of “historical trauma” outlining the specific history of the Lakota/Dakota (Sioux) of the Northern plains as it relates to the theory of historical trauma and unresolved grief. Focus is on the importance of integrating the concept of historical trauma and traditional cultural perspectives into the therapeutic content of clinical interventions with Native American Indian women. The authors address issues of transference and counter-transference, as well as what it means to become a culturally competent therapist. They caution against utilizing feminist theory without consideration of cultural and historical factors relevant to Indian women clients and discuss the effectiveness of psychoeducational groups that are semi-structured, based on an empowerment model of providing coping skills and other skills development for Native American Indian women (from the chapter).
women’s descriptions of “invalidating” and “affirming” encounters. These narratives revealed that women’s encounters were shaped by racism, discrimination, and structural inequities that continue to marginalize and disadvantage First Nations women. The women’s health care experiences have historical, political, and economic significance and are reflective of wider postcolonial relations that shape their everyday lives.


Abstract: This paper is based on the author’s practicum placement at the Northern Secretariat of the BC Centre of Excellence for Women’s Health. Under the supervision of the Northern Secretariat Coordinator, the author (1) defined and developed a viable research question in women’s health; (2) identified and assessed the relevant literature; and (3) provided recommendations for further research. The author synthesized the material to explore racism in health care with a primary focus on the ways in which First Nations women who misuse substances are triply marginalized in the health care system and the implications for these women.

Keywords: Aboriginal Women/AIDS, Income and Sustainable Economies/ British Columbia/Canada/First Nations/ Health/ Health Care/Racism/Safety and Security/ Women’s Health/Women with Addictions


Abstract: Historically, the exercise of power by the dominant group has meant the exclusion of First Nations people from participation in public schools and segregation into residential institutions. The purpose of these institutions was to force the assimilation of First Nations children into non-Native culture and society. While Aboriginal cultures persisted in spite of such practices, their negative impact in the North and elsewhere has been well documented (King; Bull). Many students who attended residential schools “... suffered serious crises in their personal and cultural identities as a result of their residential school experience” (King quoted in [Chambers] 50). While separate institutions are no longer the norm, exclusion and segregation have continued through privileging western, print-based knowledge over the oral traditions which are central to First Nations cultures, and the exclusion or marginalization of First Nations culture from academic content and process. Traditional First Nations teachers, most often the Elders who are carriers of knowledge, are usually not viewed as “qualified” because they do not hold recognized academic degrees. As well, attempts to create a more “inclusive” environment have generally resulted in teaching about the culture, rather than teaching from within the culture (Kawagley and Barnhardt). This has filled some of the “gaps and silences” ([Kevin Keefe]), but has not addressed power imbalances in educational institutions. It is important to acknowledge that there are significant differences between the experiences of women and First Nations people (as groups) in their encounters with educational institutions. However, there are significant parallels. In both cases, the educational settings reflect a dominant culture that is, in some sense, “alien” to both women and First Nations people. What is taught and how it is taught reflect dominant paradigms, which have generally failed to take the different perceptions, knowledge, and learning styles of women and First Nations people into account (Journal Abstract).

Keywords: Aboriginal Women/Critical Learning Opportunities/Health Profiles/ Racism/Youth


Abstract: Profiles women in the Yukon as well as provides comparative information on the status of Aboriginal women within the Yukon.

Keywords: Aboriginal Women/Employment


Abstract: This is the first report to the Minister of Employment and Immigration Commission/Native Women’s Association of Canada Working Group on Native Women’s Employment. In January 1981, the Native Women’s Association of Canada ... invited the Minister of Employment and Immigration to meet with their Board of Directors to discuss Native women’s employment needs and concerns about the Canada Employment and Immigration Commission’s delivery of programs and services. As a result of that meeting, the Minister proposed, and NWAC agreed to, the striking of a joint NWAC/CEIC Working Group to further investigate the specific employment issues affecting Native women and to propose possible solutions to be pursued by both the Commission and the Association, ... the Working Group remained aware that the employment circumstances of Native women will require not only immediate remedial efforts but also a longer term investment of support services and intensified programming if significant progress is to be made in reducing the social and economic inequalities which exist for
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18

Abstract: In its annual report, the Commission discusses discrimination against Aboriginal women in the context of Bill C-31. In short, while CHRC applauds the objectives of C-31, it deplores the fact that some women have encountered such deep-seated resistance to their reintegration into their home communities. This in turn leads the Commission to highlight the importance of ensuring adequate protection of equality rights within the context of self-government negotiations (Dion Stout, 1997).

Keywords: Aboriginal Women/Canada/ Images

Abstract: This chapter the authors discuss the social patterns and processes by which differently located women are marginalized within feminism. A focus is provided on First Nations women, African-Canadian women, immigrant women, women with disabilities, and poor women.

Keywords: Aboriginal Women/Family Violence/ Canadian Women/ Education/ History/Healing

Abstract: The Vancouver Native Education Centre offered a one-year Native Family Violence Training Program. The course was designed to balance skill development and personal growth and transformation. The article describes the program, discusses the areas of growth and describes the Talking Circle, one of the major tools of transformation. The program was developed largely because many of the students were having difficulty completing the program because of their personal histories or current situations of abuse. The important cultural value of this program was its holistic approach to dealing with one’s healing.

Keywords: Aboriginal Women/Family Violence/ Canadian Women/ Education/ History/Healing

Abstract: This report was a collaborative effort between The Feminist Alliance for International Action (FAFIA) and many other organizations and individuals who support the work of the FAFIA and believe in the full development and advancement of Canadian women. The report focuses on Canada’s compliance with the United Nations Convention on the Elimination of All Forms of Discrimination against Women. FAFIA’s Submission to the United Nations Committee on the Elimination Against Women on the Occasion of the Committee’s Review of Canada’s 5th Report on January 23, 2003. This report focuses on various aspects of Convention articles and looks specifically at equality for Aboriginal women in a number of different areas (poverty, violence, education, participation in political and public life, employment access to health care and equality before the law, in marriage and family law).

Keywords: Aboriginal Women/Adequate Power/Canada/Canadian Women/ Education/ Health/Health Care/ Poverty/ Social Justice and Equity/women/Work

Abstract: This report was compiled by a review of available literature, statistics and research studies. This background report aims to provide the reader with a broad overview of: (1) The historical relationship between Aboriginal and non-Aboriginal peoples; (2) Aboriginal culture in Canada; (3) Past and present policies relating to Aboriginal populations; and (4) Present-day realities, with particular attention to issues that challenge urban Aboriginal people. Due to its brevity, the discussion serves primarily to highlight key themes in Canadian Aboriginal history and policy. While this paper focuses on Aboriginal people, it does not attempt to cover the specific history or lives of Métis people.

Keywords: Canada/Culture/History/Youth


Abstract: In its annual report, the Commission discusses discrimination against Aboriginal women in the context of Bill C-31. In short, while CHRC applauds the objectives of C-31, it deplores the fact that some women have encountered such deep-seated resistance to their reintegration into their home communities. This in turn leads the Commission to highlight the importance of ensuring adequate protection of equality rights within the context of self-government negotiations (Dion Stout, 1997).

Keywords: Bill C-31/Women’s Rights
Abstract: In earlier reports, the author investigated several dimensions of the demographic structure, employment patterns and labour force activity of the Plains Cree. Among other things, this prior research found employment problems to be most acute among Native women, suggesting that this sub-group in particular be singled out as a priority special need group for the purpose of employment programming development. The present study seeks to provide some additional information related to the development of employment strategies for Native women by: i) reviewing and synthesizing the results of earlier research as they relate to the present and potential role of Native women in the labour market; and ii) outlining briefly some of the major constraints or barriers which presently retard the participation and performance of Native women in the labour market. ... A brief summary and implications of the study's findings for policy and program development conclude the report.


Keywords: Aboriginal Women/Adequate Power/British Columbia/Canada/Culture/Social Justice and Equity

Abstract: This article describes the construction of the invisibility of Aboriginal people in Canadian culture, and the 2001 Valentine’s Day Women’s Memorial March that symbolized the resistance of Aboriginal women to the acts of invisibility. Scenes at Main and Hastings streets in Downtown Eastside in Vancouver, British Columbia during the 2001 Valentine’s Day Women’s Memorial March; Factors which influenced the struggle of Aboriginal women for visibility and for self-representation in public culture; Issues faced by Aboriginal women in Downtown Eastside.


Keywords: Aboriginal Peoples/Bill C-31/Identity

Abstract: For Plains Cree people, band membership has undergone many changes from pre-treaty days to the present. Prior to the Indian Act of 1876, Plains Cree determined their own band membership. The Indian Act placed the authority to decide band membership in the hands of the Superintendent General of Indian Affairs. Since the Amendment to the Indian Act in 1985 known as Bill C-31, Plains Cree people once again have the opportunity to determine their own band membership and have regained a degree of freedom. This study examines traditional aspects of membership among Plains Indians in Saskatchewan, including organization of band societies, traditional criteria for band membership, and the influence of political leadership and conflict in membership. It then examines band membership under the Indian Act and the influence of recent amendments to the Indian Act regarding reinstatement of Indian status and band membership. Four band membership codes in Saskatchewan are examined. Interviews with reinstated status Indians were conducted to determine their experiences in the application of membership codes in their reserve communities (Author Abstract).


Keywords: Canada/Gender/Government/Native Women

Abstract: This thesis examines the evolution of the Native Women’s Association of Canada as they embraced the challenge to secure Aboriginal rights for all First Nations women in Canada’s Constitution. Between 1978 and 1995, the Native Women’s Association vigorously pursued what they believed was their right to participate in constitutional negotiations as equal partners. They did not acknowledge present-day First Nations political organizations as being true First Nations governing bodies. Thousands of Canadian First Nations women have been denied their rights as Aboriginal persons due to the Indian Act and a consequence of that legislation has meant that First Nations women have been marginalized in Canadian society. Present-day First Nations political governing bodies are a product of that legislation and many political leaders sought to legitimate denial of Aboriginal rights to First Nations women citing that true self-government meant the right to determine membership. The Native Women’s Association of Canada chose to challenge that premise using the very political tools which denied their right to now reassert them. This thesis explores that struggle by examining the approach and position taken by both the national political organizations and the Native Women’s Association of Canada, concluding that true self-government does mean determination of membership but that the women’s rights to equality was of primary importance.


Keywords: Adequate Human Services and Social Safety Net/Life-Sustaining Values, Morals and Ethics
Abstract: This article explores the tensions within multi-culturalist theory between the aspiration to promote cultural recognition and the need to promote and protect women's concern with issues of sex and gender inequality. The article assesses the three main approaches to the reconciliation of sexual equality and group rights; according priority to the traditional values and practices of cultural groups; accepting collective and cultural rights but within a framework of international human rights; and finally, the acceptance of group rights subject to respect for individual rights and freedoms. By focusing on the experience of Aboriginal women activists in Canadian politics and their struggle to preserve constitutional sex equality, this article argues that only the third approach provides adequate safeguards for women in their public and private roles.


Keywords: Canada/Government/women

Abstract: The 19th century reserve system which limited Rotinonhsyonni (Iroquois) access to land had a great impact on land-based Rotinonhsyonni social institutions such as clans. Using the Rotinonhsyonni metaphor of two complementary sides, this dissertation discusses two different types of consolidation which took place within 19th century communities: the consolidation of the traditional “forest”- and “clearing”- based economies and leaderships; and the associated consolidation of clan lands within each reserve. I examine three different case studies: in Ontario, Tyendinaga, a small single-nation loyalist Mohawk community that adopted an elected council, and Six Nations, a multinational community that adapted the Confederacy council to local government, and in New York State, Tonawanda, a small conservative Seneca community that adapted its clan village council to the reserve system. The comparative discussion focuses on changes in land administration, community government, community membership and the impact of clan changes on women. Each community reacted to the loss of land in the 19th century in a different way depending upon cultural predispositions, religious affiliations, historical experience, the differing pressures of the external Euro-North American political context, and the Indigenous/loyalist relationship to their lands. This dissertation provides an explanation for the changes in 19th century clans that focuses on the paramount importance of space, place, accumulative change and the complementarity and balance of the “two sides” in Rotinonhsyonni thought. Accessing sources ranging from written and oral records, traditional narratives and anthropological accounts and Indian Affairs documents, I argue that spatial and ecological changes in land, and in particular the consolidation of the forest and clearing land bases along with their separate leaderships are essential to understanding “what happened to the clans” in the 19th century [Author Abstract].


Keywords: Aboriginal Women/Adequate Power/Canada/Culture

Abstract: This article focuses on the role of English bourgeois family in the colonial governance in Canada. Concept of aboriginality. In addition, details on the feminist theory of historic cultural materialism and disenchantment of Aboriginal women from political decision making practices are also discussed in detail.


Keywords: Aboriginal Women/Children/Fetal Alcohol Syndrome/Effects/First Nations/Pregnancy/Work

Abstract: Consistent throughout colonial narratives is an unquestioning acceptance of the inherent superiority of the writer and the “rightness” and inevitability of colonization. The purpose of this article is to apply the postcolonial critique of such discourse as it describes the Métis, Saulteaux and other groups whose everyday lives intersected with the authors’ colonial experiences.


Keywords: Native Americans/Children/Work/Government/Healing/Men/Women

Abstract: This study is about Alaskan Gwich’in Athabascans, Native Americans who grow up, make a living, and raise children in an addictive society. The work analyzes three interrelated issues: (1) positioning of women in Gwich’in society, (2) Gwich’in decision making with respect toward adaptation under 20th century complex constraints, and (3) local economy, sharing semiotics in context of economic and bureaucratic reproduction of addictive processes. The first explores some of the struggles and strategies of women in Gwich’in...
Annotated Overview of Research on Aboriginal Women, Health and Healing

1. Territory with respect to addiction and physical exploitation. Their situations are compounded by inexplicit barriers between women and positions of leadership, as well as by women’s roles in parenting. The second part explores Gwich’in habits of what they term consensus in conflict with and in support of Gwich’in notions of individualist behavior. Tensions caused by this paradox are accentuated in leadership roles which laud simultaneously the traditions of Gwich’in warriors and traditional Gwich’in concepts of humility: two disparate modes which work together, but at great personal cost to Gwich’in leaders. The third central issue identifies economic domination of Gwich’in society through many subtle forms of bureaucratic and addictive abuse, including its repercussions within local economy in the form of local businesses and institutional programs sponsored by the government which nurture or demand furthering of addictions. Many Gwich’in leaders are prey to these addictive processes, although they are also advocates of change. Healing is an integral metaphor used by both Gwich’in men and women to express a common goal: escape from dependency of all sorts, from economic exploitation to physical addiction. Working across and within the healing trope is a pervasive sense of social and economic perseverance which to some emerges as closure and to others as consensus. Throughout Gwich’in country rhetoric about social pathologies and social healing occurs in financial reports, political campaigns, and women’s public and domestic discourse.


Keywords: Culture/Inuit Women/Work

Abstract: The traditional clothing produced by Inuit women is unique in the world. It is a visible statement of the creativity and practicality of Inuit women. Women have clothed their families for centuries, not only keeping their loved ones warm but doing so with skill and beauty. Today, Inuit women continue to produce beautiful clothing. This is an economic activity which women can undertake from their homes, providing goods for their family or selling the products of their labour for money. We are proud of the skills of Inuit women clothing producers, artists, and craftswomen, and we believe that their work should be included in definitions of community economic development. We sometimes hear complaints that the solutions we advocate are too southern, too Qallunaat [non-Inuit]-oriented, or that they undermine Inuit culture. Culturally based solutions are important and the facilities and services we need to address the problems facing Inuit communities must be rooted in our culture and traditions. Equally important is the need to develop solutions which work. When we support day care, we are not just advocating the creation of southern-type child care facilities; we are talking about the creation of a northern child care system. The world is changing, and our culture and lifestyles have changed in order to meet the challenges the world presents us with. More and more Inuit mothers are working outside the home so there is a real need for safe, reliable, affordable child care. We have examples of day care centres in the North which reflect the best of Inuit and southern life, which operate in both Inuktitut and English, and provide children with the care they need while their parents are at work. Finally, I would like to speak about leadership. Two years ago, in Kuujjuuaq, delegates to Pauktuutit’s 1992 annual meeting passed a resolution directing us to develop a “code of conduct” for Inuit leaders. Following the annual general meeting, we sent the resolution to all Inuit organizations asking for information and input into the development of this code. A code of conduct for Inuit leaders, once passed by an organization, sets the standards of leadership that members of the organization wish to uphold. It sends a clear message regarding the expectations placed on Inuit leaders. In effect, a code of conduct describes our collective vision of what a leader should be. It also sets limits by describing conduct we wish our leaders to avoid.


Keywords: Canada/Children/Culture/First Nations/Government/Healing/Racism

Abstract: This book is a hard-hitting, compassionate look at the experience of Aboriginal children in Canada, from first contact through residential schools and the Sixties Scoop to the inspiring recovery of many First Nations today. Stolen from Our Embrace is the story about the treatment of Aboriginal children in Canada; surveying experiences at early residential schools, the ‘Sixties Scoop’ and the current recovery of many First Nations’ communities. It includes engaging anecdotes and interviews, along with detailed information on government policies that led to the muffling of a vibrant culture. Suzanne Fournier and Ernie Crey also look at the current state of affairs, noting the hope and renewed spirit in a return to traditional healing methods and initiatives in education and social services.

47. Gill, S. D. (2000). The Un speakability

Keywords: Adequate Power/Manitoba/ Racism

Abstract: Unavailable


Abstract: In traditional Aboriginal cultures, women are considered to be the givers of life, and traditionally this role in the family was highly respected. However, many Aboriginal women face greater risks of complex health issues in a variety of areas than women in the general population (Statistics Canada, 1998), and this increased risk is partly attributable to their marginalized position in society and rapid change within their cultures (Indian and Northern Affairs Canada, 2000). For example, the life expectancy of Aboriginal women is significantly shorter than that of non-Aboriginal women (Statistics Canada, 1998). The suicide rate for Aboriginal adolescent girls is eight times the national average. The diabetes rate among Aboriginal peoples is ten times the Canadian rate, and is generally higher for women than men (Young, Reading, Elias, & O’Neil, 2000). Rates of cardiovascular (Anand & Tookenay, 2001) and respiratory diseases (Young, 1998), disability, infections, and mental health problems are all higher among Aboriginal women than in women in general. Aboriginal women suffer higher rates of cervical cancer (Marrett, 1998), sexually transmitted disease (Health Canada, 1999c), and cirrhosis of the liver than their non-Aboriginal counterparts. A number of Aboriginal women and children are driven to relocate owing to domestic violence and lack of support, particularly in remote and isolated communities across the country (National Clearinghouse on Family Violence, 1997). The marginalized socioeconomic status of many Aboriginal women results in detrimental lifestyles, unsafe environments, and overcrowded housing. These conditions have an impact on the life chances and health status of many Aboriginal girls and women (Indian and Northern Affairs Canada, 2000) (From Overview).


Keywords: Ethnicity/History/Men/Native women/ Quebec/


Abstract: When residential schools opened in the 1830s, First Nations envisioned their children learning in a nurturing environment, staffed with their own teachers, ministers, and interpreters. Instead, students were taught by outsiders, regularly forced to renounce their cultures and languages, and some were subjected to degradations and abuses that left severe emotional scars for generations. In Finding My Talk, fourteen Aboriginal women who attended residential schools, or whose lives were affected by the schools, reflect on their experiences. They describe their years in residential schools across Canada and how they overcame tremendous obstacles to become strong and independent members of Aboriginal cultures. Dr. Agnes Grant’s painstaking research and interview methods ensure that it is the women’s voices we hear in Finding My Talk, and that these women are viewed as members of today’s global society, not only as victims of their past.


Abstract: This article explores the concept of citizenship in relation to certain Aboriginal women, whose membership in First Nations is subject to Canadian federal legislation and First Nations constitutions and membership codes. In the struggle for decolonization, Aboriginal peoples use the language of rights - rights to self-determination, and claims of fundamental human rights. The state has injected its limited policy of “self-government” into this conversation,
characterized by the federal government’s preference for delegating administrative powers to Indian Act bands. Since the 1985 Indian Act revisions, bands have been able to control their membership. Where prior to 1985 the federal government implemented sexist, racist legislation determining band membership, now some bands have racist, sexist membership codes. In both cases, the full citizenship capacity of affected Aboriginal women, in either the colonial state or in First Nations, is impaired. The bands in question resist criticism by invoking rights claims and traditional practices; the federal government washes its hands in deference to self-government. The rights claims of affected women are scarcely acknowledged, much less addressed. Meanwhile, their citizenship in both dominant and Aboriginal communities is negotiated with the realities of colonialism, racism and sexism. Their experience demonstrates the limitations of citizenship theory and of Canadian citizenship guarantees (Journal Abstract).


Keywords: Government/Bill C-31.


Keywords: Aboriginal Women/Canada/Racism/Social Justice and Equity

Abstract: This article reports that over 500 Aboriginal women have gone missing in Canada in the past 20 to 30 years, according to journalist Audrey Huntley. Yet, few of these cases are vigorously investigated by police, and the media pay them little attention. Some activists believe that a combination of racism and sexism in Canadian institutions frames these women as worthless. Huntley is embarking on a road trip across Canada to speak with friends, acquaintances and relatives of these women. In addition, CBC Television will air “Traces of Missing Women,” a memorial project designed to remember and honour these women.


Keywords: Aboriginal Women/Canada/Culture/Government/History/Racism

Abstract: This dissertation examines the problem of contemporary citizenship as the way in which people understand themselves to be citizens, not simply as autonomous rights-bearing individuals in relation to the modern state but also, and perhaps especially, as members of communities, of societies. I begin by locating Aboriginal nations in the colonial state and investigating the assumptions that are encoded in law, politics and culture. Next, I review the development of the Indian Acts and especially their impact on women. I turn to the particular arguments about the constitutionality of the Indian Act advanced in the Sawridge case. Then, I review the liberal democratic picture of universal citizenship and examine how citizenship is differentially constructed and experienced. I consider the claims of Indigenous nations to control citizenship in a context of decolonization, while continuing to endure the superordinate structure of the state. I interrogate questions of racism and sexism on the part of both colonial and Aboriginal governments, and consider the legitimacy of rights discourse and its applicability across cultures and in opposition to traditions. Finally I examine in detail the problems facing a segment of the Canadian population whose citizenship has been constrained; Indian women who have, by colonial history, colonial legislation, and by both colonial and Indigenous patriarchy, been involuntarily exiled from their communities of origin, and how this reality and their resistance to it raises questions about what citizenship is relative to Indian government in Canada, and relative to Indigenous people as Canadians (Author Abstract).


Keywords: Aboriginal Women/Justice

Abstract: Unavailable


Keywords: Justice/Violence Against Women/women/Gender

Abstract: Abused wives; battered woman syndrome [legal argument]; conjugal homicide; court cases; criminal justice system; cultural factors; domestic violence; judicial bias; lawyers’ attitudes; legal construction of domestic violence; legal construction of gender; native Australian women; provocation [legal argument]; racial factors; reasonable woman standard [legal argument]; self-defense [legal argument]; sex discrimination in criminal justice; women murderers.


Keywords: Bill C-31/Native women/women

Abstract: This background paper was commissioned by the Canadian Advisory Council on the Status of Women to gauge
Annotated Overview of Research on Aboriginal Women, Health and Healing


Keywords: Aboriginal Women/Canada/ Government/History/Research

Abstract: This article is based on a case study of ten Aboriginal women living in Montreal (eight were First Nations and two were Inuit) under conditions that fall within a theoretical framework of exclusion and marginalization. The primary focus of the article is on the process of exclusion and marginalization experienced by these women who had temporarily or permanently migrated to Montreal, using a life narratives methodology. The living conditions of the women at the time of the study revealed that they had children placed in care, were receiving income security payments, were dependent on drugs and alcohol at some point in their lives and three indicated that they had health problems such as diabetes, anemia and HIV. The article discusses the migration patterns and the lure of Montreal on the lives of these women and the resulting processes of marginalization faced by each one.


Keywords: Aboriginal Peoples/Aboriginal Women/Diabetes/First Nations/Health/ Montreal

Abstract: This article is based on a case study of ten Aboriginal women living in Montreal (eight were First Nations and two were Inuit) under conditions that fall within a theoretical framework of exclusion and marginalization. The primary focus of the article is on the process of exclusion and marginalization experienced by these women who had temporarily or permanently migrated to Montreal, using a life narratives methodology. The living conditions of the women at the time of the study revealed that they had children placed in care, were receiving income security payments, were dependent on drugs and alcohol at some point in their lives and three indicated that they had health problems such as diabetes, anemia and HIV. The article discusses the migration patterns and the lure of Montreal on the lives of these women and the resulting processes of marginalization faced by each one.


Keywords: Aboriginal Women/Canada/ Status of Women

Abstract: An examination of the discriminatory aspects of the Indian Act with respect to Aboriginal women. The book explores the historical roots of this discrimination and situation up to the late 1970s. The book includes detailed information on Canada's Indian Act, the case of Jeannette Lavell, and the consequences of the discriminatory clauses of the Indian Act.


Keywords: Aboriginal Women/Gender/ Health/ Older Women/Social Support/ Women’s Health/ Work/Research/Men

Abstract: This study presents a broad overview and synthesis of the recent research literature on the major psychosocial influences on women’s health. Part 1 reviews the variability of health among women, with a particular emphasis on diversities in health according to women’s major social roles of partner, parent and worker. The context within which social roles are carried out, particularly the socioeconomic context, is identified as a critical factor. While research examining women’s health within the context of both social roles and material circumstances have produced complex findings, the research reviewed in this study clearly suggests that to appropriately document and understand the variability of health among women, attention to the particular circumstances of women’s lives is required. This point is further highlighted in sections describing the health issues of older women, Aboriginal women, and immigrant and refugee women. Part 2 begins with a review of the research on differences between men and women on various indicators of health and ill health. Frequently mentioned throughout the literature is the apparent paradox in women’s and men’s health: men’s higher rate of mortality and women’s higher rate of morbidity. Recent evidence demonstrating the complexity and variability of gender differences in health is reviewed, suggesting that broad generalizations about health-related gender differences are inappropriate. As a means of clarifying more fully the significance of gender as a determinant of health, gender is examined as it interacts with other social characteristics associated with health and disease, such as socioeconomic status, paid and unpaid work, exposure to stressors, and social support. The research that attempts to explain gender related differences in health also is examined, among which social role explanations dominate. Possible reasons for the diminishing longevity advantage of women over men.
in recent years also are discussed. While the number of studies concerning women’s health has multiplied in recent years, this review of the literature identified a number of general gaps in knowledge, particularly with respect to the Canadian context (Adapted from the Executive Summary).


Keywords: Aboriginal Women/Adequate Power/Canada/Cultural Integrity and Identity/Culture/Health/Strong Families and Healthy Child Development

Abstract: This paper traces the history, in northern Canada, of what childbirth has been made to stand for in the relationship between Aboriginal women and the agents of colonization. During the early centuries of contact, European impressions of Aboriginal women were dominated by associations with animal nature and the myth of painless childbirth, with the result that the culture of childbirth and the role of the midwife were overlooked. During the 19th century, the emphasis upon racial difference was reinforced by evolutionary theory, and the myth of the ‘savage’ woman’s ‘parturition without pain’ was put to rhetorical use by health reformers, physicians, and feminists in Europe and North America. Meanwhile, the realities surrounding childbirth in Aboriginal communities received little attention from colonial authorities until high infant and maternal death rates began to arouse official concern in the early 20th century, when they were blamed on Aboriginal women’s ignorance of healthy child-bearing practices. As part of its ‘civilizing mission’, the Canadian government adopted an interventionist policy which led, in recent decades, to the practice of evacuating pregnant women to distant hospitals. This policy has had serious social consequences, and resistance on the part of Aboriginal women includes the attempt to legitimate a traditional culture of childbirth disregarded throughout the colonization process (Journal Abstract).


Keywords: Canada/Native Women/Sacred : amds/Resistance

Abstract: In 1990, Kanienkehaka women led their nation’s resistance to the appropriation of sacred lands at Oka. Donna Goodleaf shares her holistic view of resistance by telling her story of involvement at Oka in conjunction with a gendered analysis of state violence. She locates her nation’s resistance in a holistic analysis of historical colonialism, present-day Euro-sexist imperialist attitudes and “left” resistance strategies. She calls upon social movements to “go beyond the human to a vision rooted in a spiritually and politically based worldview of Indigenous people that encompasses the four-legged, the waters, the air, the earth...”. Her vision calls for new policies and governance formed within a holistic understanding of the earth’s ecosystem.


Keywords: Aboriginal Women/Adequate Power/Community Solidarity and Social Support/Human Rights/Racism

Abstract: Explores the procedures by which Indigenous women can use the Convention on the Elimination of All forms of Discrimination against Women (CEDAW) to hold states accountable for human rights violations (CWHN Abstract).


Keywords: Aboriginal Women/Australia/Canada/Culture/Gender/History

Abstract: This study examines how Aboriginal women’s lifestorytelling in Canada and Australia engages in the processes of decolonization and how its potential for transformation can be realized through anti-racist feminist criticism and pedagogy. Chapters One through Three locate Aboriginal women’s lifestorytelling practices within the processes of white nation building. I explore the marginalization of Aboriginal women’s lifestorytelling in postcolonial and Australian-Canadian literary studies as an effect of an unexamined investment in nationalism. I analyze how the operations of race and nation inflect upon the categories of “Aboriginality,” gender, class, and autobiography (particularly in terms of “truth” and referentiality) and influence how Aboriginal women’s lifestories are produced and enter visibility, in popular readerships and university practices. While Aboriginal women’s lifestorytelling can productively be read as pedagogical in a politics of decolonization, it does not teach or transform material relations by itself. In Chapter Four I analyze how the operations of white nationalism are reproduced in the university classroom and, drawing on my experiences of teaching a university course in Aboriginal Literatures, I explore how an anti-racist pedagogy can transform the university classroom and whiteness. This is followed by
detailed analyses of five Aboriginal women’s lifestories: Australian Monica Clare’s Karobran: The Story of an Aboriginal Girl (1978), Mi’kmaw Rita Joe’s Song of Rita Joe: Autobiography of a Mi’kmaw Poet (1996), Lardil Elsie Roughsey’s (Labumore’s) An Aboriginal Mother Tells of the Old and the New (1984), Cree Emma Minde’s kwayask k-ki-ki-skinnowβpahithick; Their Example Showed Me the Way, A Cree Woman’s Life Shaped by Two Cultures, as told to Freda Ahenakew (1997), and Aboriginal Australian Rita Huggins’s and daughter Jackie Huggins’s collaborative Auntie Rita (1994). My readings highlight how these lifestories articulate the processes of white nationalism in producing a gendered, racialized, dispossessed labouring class and how, in mapping personal and collective histories, they theorize and imagine alternative discourses of history, place, nation, gender, and Aboriginality. And as these lifestorytellers imagine a different Canada and Australia, they also imagine a different white national subjectivity - an invitation and a challenge to white feminist/postcolonial critics to reexamine and transform our own subjectivities, locations, and practices.


Keywords: British Columbia/Healing/Health


Keywords: Health/First Nations/Well-being/Government/British Columbia/Children/Indigenous Healing/Healing/Medicine/History/Criminalization of Culture

Abstract: Historical analysis of colonization of Aboriginal peoples in British Columbia. The author explores the ways in which Aboriginal bodies were materially affected by Canadian Indian policy, which placed restrictions on fishing and hunting, allocated inadequate reserves, forced children into unhealthy residential schools, and criminalized indigenous healing and traditional medicine. This detailed but highly readable ethno-history draws on archival sources, archeological findings, fieldwork, and oral history interviews with First Nations Elders from across British Columbia. Kelm’s cross-disciplinary approach results in an important and accessible book that will be of interest not only to academic historians and medical anthropologists but also to those concerned with Aboriginal health and healing today.


Keywords: Culture/Ethnicity/Gender

Abstract: This article is an exploration of the traditional gender roles of Indian men and women. The researchers examine the roles of Native American women prior to European contact, concluding that achieving wellness and balance highlight the spiritual source of their strength.


Keywords: Government/Métis Women/Poverty/Status of Women/women

Abstract: Includes a discussion on: Aboriginal self-governance; Canadian law; male dominance; Métis women; self-government; sex discrimination; sexism; status of women; unemployment; women living in poverty.


Keywords: Canada/Canadian Women/Justice/Poverty/Work

Abstract: This work delineates 20th century Canadian women’s struggles for recognition of their political and social claims as citizens and as persons. Three case studies highlight different aspects of their struggle against a patriarchal and paternalistic heritage and hegemony. These case studies demonstrate that all women may have their claims, as citizens and as persons, denied due to the marginalization of women and the consequent silencing or invisibility of their experiences, interests and aspirations. The first case study focuses on the struggle of one of Canada’s most marginalized women, a young, pregnant, Aboriginal woman living in conditions of violence and poverty, and suffering addiction to glue, against the state, which would have incarcerated her in a treatment centre and, thereby, deprived of her citizenship rights as guaranteed by the Charter of Rights and Freedoms. The second case study, which focuses on issues raised in presentations to a Senate-Commons Special Joint Committee on Custody and Access, demonstrates that all women are at risk of having their interests and relationships of care rendered inconsequential or invisible by patriarchal institutions and discourse. In the final case study the lives of three women, who overcame internal and external barriers to seek high political office, are examined. The philosophical, political and social context of each case is presented and examined to explicate the varied forces that
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: Native identity, for urban mixed-race

History/Research

Keywords: Canada/Culture/Government/

1999. Nations. Thesis (Ph.D.) -- University of Toronto,

Indian Act, and the Rebuilding of Indigenous

Others: Mixed-Race Urban Native People, the

audience, not just to governments.

Although this Report was written for the Minister

was destroyed by physical and sexual abuse.

meet the needs of those whose childhood

a blueprint for actions that must be taken to

governments with a framework of analysis and

recommendations for action. The research is based on interviews with thirty individuals

of mixed Native and non-Native heritage

living in the Toronto region, on the subject of

urban Native identity. The first part of the thesis

engages with the methodological concerns

which must be taken into consideration when

Native peoples’ identities are the subjects of

academic investigation, the highly distinct

circumstances which are raised by the

regulation of Native identity in Canada under

the ‘Indian Act’, and the images of Indianness

which exist within the dominant culture, which

every urban mixed-race Native person must

contend with in forming their own identity as

a Native person. The second part of the thesis

engages directly with the participants’ family

histories, their opinions about Native identity,

and the roles which they are playing in creating

and maintaining an urban Native community. The

common thread running through the

narratives is the devastating affect which loss of

community as a result of genocidal government

policies has had on the participants’ families. The

research clearly demonstrates the extent to

which government regulation of Native identity,

through racist and sexist restrictions within the

‘Indian Act’, has contributed to the alienation

of individuals from their communities and has

fragmented Native peoples’ identities, dividing

them into categories such as “status Indians,”

“Métis,” “Bill C-31 Indians,” “reserve Indians”

and “urban Indians.” In a preliminary manner,

it explores the forms of nation building which

might enable Native people to overcome

the divisive effects of a history of government

regulation of identity (Author Abstract).


Restoring Dignity: Responding to Child Abuse

in Canadian Institutions. Ottawa, ON: Law

Commission of Canada.

Keywords: Canada/Children/Government/

Justice/Legal Issues/Research/Sexual Abuse

Abstract: In November 1997, the Minister of

Justice asked the Law Commission of Canada
to assess processes for redressing the harm of

physical and sexual abuse inflicted on children

who lived in institutions that were run or funded

by government. This report draws together the

research and consultations conducted by the

Law Commission in response to that request.

The Commission has attempted to analyze the

social and legal issues involved in institutional

child abuse and to evaluate a variety of

approaches to redress. It has also made several

specific recommendations for action. The Law

Commission hopes that this Report will provide
governments with a framework of analysis and

a blueprint for actions that must be taken to

meet the needs of those whose childhood

was destroyed by physical and sexual abuse.

Although this Report was written for the Minister

of Justice, it is addressed to a broader public

audience, not just to governments.

Lawrence, B. (2000). Real Indians and

Others: Mixed-Race Urban Native People, the

Indian Act, and the Rebuilding of Indigenous

Nations. Thesis (Ph.D.) -- University of Toronto,

1999.

Keywords: Canada/Culture/Government/

History/Research

Abstract: Native identity, for urban mixed-race

Native people, is shaped on the one hand

by colonial regulation under the ‘Indian Act’,

and on the other by Native heritage and

connections to the land. This research engages

with how the identities of the participants of

this study (as well as the author herself) have

been defined and molded by their families’
lived experiences of cultural genocide, how

the participants have, in resistance, actively

explored their Native heritage, and how

hegemonic images and definitions of Indianness

have influenced these processes. The research

is based on interviews with thirty individuals

of mixed Native and non-Native heritage

living in the Toronto region, on the subject of

urban Native identity. The first part of the thesis

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which must be taken into consideration when

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every urban mixed-race Native person must

contend with in forming their own identity as

a Native person. The second part of the thesis

engages directly with the participants’ family

histories, their opinions about Native identity,

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common thread running through the

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research clearly demonstrates the extent to

which government regulation of Native identity,

through racist and sexist restrictions within the

‘Indian Act’, has contributed to the alienation

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“Métis,” “Bill C-31 Indians,” “reserve Indians”

and “urban Indians.” In a preliminary manner,

it explores the forms of nation building which

might enable Native people to overcome

the divisive effects of a history of government

regulation of identity (Author Abstract).

LeMoine, G. (2005). Woman of the

House: Gender, Architecture and Ideology in

Dorset Prehistory. Arctic Anthropology, 40, 121-

138.

Keywords: Gender/Culture/Inuit Women

Abstract: The role of women in Paleoeskimo

households has rarely been examined. Careful

application of analogies to Inuit culture reveals

that there are both similarities and differences in

how Late Dorset and Inuit gender roles

are expressed in household organization.

On an ideological level, Late Dorset women

probably had a similar role to that of women

in Inuit society, as the soul of the house and

an important intermediary between hunters

and the souls of the animals they hunted.
On a day-to-day basis, however, Late Dorset women seem to have shared more of their labor as members of dual family households than did Inuit women, as members of nuclear family units. The increased importance of small, trapped game such as foxes and rabbits during Late Dorset times (Darwent 2001) may have contributed to the need for shared labor. Finally, women, in their role as keepers of the hearth, were important in maintaining community ties at seasonal aggregation sites dominated by longhouses and external hearth rows.


Keywords: Adequate Power/Canada/Work

Abstract: Jonathan Malloy's Between Colliding Worlds provides a comparative analysis of Australian and Canadian policy units dedicated to Aboriginal and women’s issues. Malloy examines these units - or ‘special policy agencies’- as they navigate between two different worlds: public administration and social movements. Drawing on a wide range of sources, including in-depth interviews with public servants and activists, Malloy presents strong evidence that the inherent ambiguity of special policy agencies allows them to create a forum for social movements and the state to effectively work out their differences.


Keywords: Culture/Economics/First Nations Women/Government/History/Research

Abstract: This book takes a look at the social, political, economic, and religious roles of women among the Iroquois, explaining their fit with the larger culture. ‘Iroquoian Women’ is the first book-length study to regard Iroquoian women as central and indispensable to Iroquoian studies.


Keywords: Racism/Sexism/Patriarchy/ Aboriginal Women


Keywords: Aboriginal Women/British Columbia/Canada/Healing/Health/Human Rights/Prevention/Racism

Abstract: This document summarizes the Native Women’s Association of Canada’s concerns for federally incarcerated Aboriginal women. Concerns evolved around: 1. Decarceration of Aboriginal women in the federal prison system. Because of rampant racism within the criminal justice system at all levels leading to the increase in the numbers of Aboriginal women incarcerated federally from 15% in 1984 to 23% today, NWAC is asking for the decarceration of Aboriginal women within Canada’s penitentiary system. NWAC would like to explore with CSC and other interested parties alternatives to incarceration including the use of section 81 to establish community-based healing facilities for all Aboriginal women prisoners including those classified as “maximum security”; 2. Capacity-building in Aboriginal communities to facilitate reintegration of Aboriginal women prisoners back into Aboriginal society, if Aboriginal women prisoners within the Canadian penitentiary system are to be decarcerated beginning in the near future and over a period of years - the shorter the better - Canada needs to invest financial resources at the Aboriginal community level to build the capacities of those communities to reintegrate Aboriginal women prisoners with their communities and families. Such capacity building can use federal dollars already targeted for Aboriginal community use including job creation, training, employment, economic development, social services, health, and so on. Crime prevention dollars and Department of Justice grants and contributions have also been made available to community projects. NWAC requests that some of these funds, and a new special fund aimed at Aboriginal female reintegration and community capacity building, be aimed at Aboriginal women’s representative organizations to facilitate this process; 3. Facilitation and implementation of ss. 81 and 84 of the Corrections and Conditional Release Act [the "CCRA"] for the benefit of Aboriginal women prisoners. NWAC has worked with CSC to implement section 81 and section 84 of the CCRA unsuccessfully. NWAC proposes the establishment of a joint “NWAC-CSC Planning Committee on Sections 81 and 84” to set target dates for a plan of action to implement these sections of CCRA aimed at bringing Aboriginal women prisoners under Aboriginal jurisdiction for healing and reintegration back to their community roots. 4. Compensation for Aboriginal women prisoners for CSC’s breach of fiduciary obligations owing to them. NWAC proposes the establishment of an office headed by an Aboriginal woman lawyer/judge/criminologist, supported by CSC staff and Aboriginal professionals to remedy the breach by CSC of its fiduciary duty to Aboriginal women prisoners with a final report to the Minister, the Solicitor General and the Canadian Human Rights Commission for implementation;
5. Standardization of the treatment of federal Aboriginal women prisoners in British Columbia. The incarceration of federal Aboriginal women prisoners in B.C. facilities needs to be standardized with the treatment of federal women prisoners elsewhere within the federal system to ensure they receive adequate and meaningful programming and humane treatment without discrimination based on federal or Aboriginal status. Although this is not yet happening elsewhere in Canada, as evidenced by this human rights complaint, the return of federal women prisoners in B.C. to the jurisdiction of CSC and the planned move from BCCW to Sumas Centre provides a unique opportunity in B.C. to remedy the situation and provide an improved implementation model for the rest of the country. Those were NWAC’s preliminary submissions. What follows is an elaboration on the NWAC proposals and position with respect to the Elizabeth Fry Human Rights Complaint.


Keywords: Aboriginal Women/Canadian Women/Status of Women/Canada/Government/Native Americans

Abstract: Discussion covers: Canadian Charter of Rights and Freedoms; Constitution Act [Canada. 1982]; court decisions; Indian Act [Canada]; legal status; Native Canadian women; Native rights; R. v. Sparrow [1990]; sex discrimination; status of women; Supreme Court [Canada]; women’s rights | Constitution Act [Canada]; Canada Act [1982]; constitutions; Canada Act; Canada-society; Canadian laws; R. v. Sparrow; Canadian government; Native Americans [Canada]; Aborigines [Canada]; Indians [North American]


Keywords: Aboriginal Women

Abstract: Unavailable


Keywords: Canada/First Nations/Gender/Government/Research

Abstract: This thesis examines the English discourses of Algonquian and Iroquoian people of southwestern Ontario in which they discuss the impact of Bill C-31, an amendment to the Indian Act passed in 1985 with the goal to end gender discrimination. My research focuses both on the narratives of those women who (re)gained their status following the Bill, and on the narratives of community members reacting to the attempts of reinstated women, and their families, to return to the reserve. In examining the narratives of First Nations people, I have illustrated the complexity of the issue and shown that both the women’s life experiences and the reactions of community members to these women are related to key factors. The most important of these, for both Algonquian and Iroquoian peoples, is the maintenance of ties to the community; this has more relevance to people’s day-to-day lives than does legal status conferred by the government of Canada (Author Abstract).


Keywords: women/History/British Columbia/Native women/Children

Abstract: In order to describe and understand the history of Native Indian women in British Columbia, the hiding places of the history must first be discovered. There was a time, before the European conquest of North America, when the voices of Native women were strong and clear. As they raised their children, taught their daughters the traditional roles and skills for living, shared daily events with their sisters and husbands, and captivated their grandchildren with tales of mythical heroines -- Native women of this province spoke and were listened to.


Keywords: British Columbia/Healing/Health


Keywords: Aboriginal Women/Adequate Power/Canada/Cultural Integrity and Identity/Health

Abstract: Childbirth for many Aboriginal women living in remote communities of the Northwest Territories, Canada, includes separation from their family and community for weeks at a time. This colonialization of childbirth, enforced for decades, is true for Dogrib Dene. Colonialization produces serious social consequences on the everyday lives of pregnant Aboriginal
women, which results in lower health outcomes. This article provides a literature review of colonization in Canada’s far north, establishing the position that colonization is a determinant of health. The purpose of this article is to generate knowledge that will inform health professionals and ultimately reduce health disparities as experienced and evident among Dogrib women. By highlighting the concept of colonization and establishing this concept as a determinant of health, nurses and midwives will identify disparities created through stressors of power and control. From there, culturally meaningful health promotion strategies will be developed and implemented within their nursing practice. (PsycINFO Database Record (c) 2004 APA).


Keywords: Aboriginal Women/First Nations/First Nations Women
Abstract: This book is about the author’s reflections on her struggle to find a place within Canadian society. Monture-Angus explores issues of oppression, success and change among Aboriginal communities, women’s issues, education, politics and law.


Keywords: Canada/Education/History/Justice/Racism/Work
Abstract: This collection of works that developed over time is aimed at communicating the Aboriginal experience within Canada. The history of oppression, racism and colonialism are presented in the Mohawk traditional methodology of storytelling. Issues of society, such as law, politics, justice and change, are included. The author’s own “intellectual evolution” is shared through the inclusion of personal and academic writings. Aboriginal experiences with education, racism, the criminal justice system and feminism are discussed and traditional knowledge is presented as essential to Aboriginal survival as human beings.


Keywords: History/Human Rights/Work
Abstract: Through an examination of her own experiences of colonialism, Monture-Angus offers the perspective of independence in place of Aboriginal self-government as a way to offset oppression. Canadian law is identified as a mechanism that allows colonialism to flow rather than a source of answers. Written in the context of family, sharing, creativity, history and hope, “Aboriginal pathways away from oppression” are presented in the form of human rights, which are linked to land rights and the right to be responsible. Primarily written for a Native audience, this work speaks to all Canadians alike.


Keywords: Aboriginal Women/women/Canada/First Nations/Justice/Aboriginal Peoples/Work/Gender
Abstract: The author notes that as a result of the colonial legacy of Canada, Aboriginal nations are not represented as nations in the way our political organizations have been structured. Rather, these Aboriginal nations are organized around the classifications which arise out of the Indian Act regime either because of registration as an “Indian” or the lack of such a legal recognition. She states that this must be seen as a demonstration of the degree to which colonial policy and practice has fragmented and restructured Aboriginal governing structures.


Keywords: Aboriginal Women/Adequate Power/Justice
Abstract: The author looks at Aboriginal justice from a woman’s perspective and how Aboriginal women can encourage structural change within the justice system.


Keywords: Aboriginal Peoples/Aboriginal Women/Adequate Human Services and Social Safety Net/Adequate Power/Culture/First Nations/Well-being
Abstract: This author of this paper is a Mohawk woman, mother and wife. She is a strong believer in the traditional Aboriginal ways, both spiritually and through justice. The author expresses concern for the well-being of Aboriginal people who suffer under the mainstream justice system. The author believes that justice requires humanity. That there has to be a true understanding of the culture, tradition and spirituality of Aboriginal peoples before there can be real justice. She notes that First Nations peoples have celebrated 500 years
of resistance to colonial oppression and that this resistance is rooted in the culture in which First Nations peoples have survived. Monture-Okanee also notes that Aboriginal women have been subjected to discrimination because colonialism changed the views of Aboriginal men and made them oppressors. Monture-Okanee is a strong believer that feminist thought can inform Aboriginal women’s reality.


Keywords: Aboriginal Women/Canada/ Gender/Justice/Constitutional Laws

Abstract: This thesis has three principal goals. The first goal is the most onerous. It is to examine the degree to which Aboriginal peoples’ experience, knowledge systems, traditions and ways of being can be held within the existing boundaries of Canadian law. This first goal is narrowed and shaped by the second, which is to examine the way gender impacts on the first question. Women’s roles and responsibilities, as well as the exclusion of women’s experience, is a theme which is woven throughout the entire thesis. The third goal is methodologically based. This thesis offers up one example of the way in which Aboriginal practices and traditions can be united with conventional Canadian legal practices. This last goal requires that this thesis be written in plain language that is accessible to people without access to technical and sometimes complicated “law talk.” This thesis is a journey of one Mohawk woman through Canadian legal relationships. The journey is an idea that is common among many Aboriginal traditions and ways. This concept, as well as the practice of storytelling, is used to trace the author’s progress from law student to law teacher as the vehicle through which the above goals are met. It is, as well, an examination of legal concepts such as discrimination, rights (both individual and collective) and equality. This specific examination is complemented by discussions of oppression and colonization. The conclusion, which examines what Aboriginal justice is, is offered to provide one opportunity to begin to consider how Aboriginal laws can be balanced with Canadian law (Author Abstract).


Keywords: Canada/Culture/Education/First Nations/First Nations Women/Health/ History/ Immigrant Women/Social Conditions

Abstract: The social roles and expectations of women have differed since history was first recorded. We are able to understand Canadian history better when we know something about First Nations women and immigrant women. This document looks at the social roles and expectations of women in Canadian history. It examines the following points: living the traditional life; leaving the old life behind; day-to-day life; opportunities and new roles; sexuality, health and reproduction; family and community; women and education; and, women and the law.


Keywords: Aboriginal Women/Australia/ Research/Work

Abstract: Ethnographic constructions and White-feminist images of Aboriginal women are set in contrast to Indigenous women’s self-presentations. Perception and anthropological/feminist knowledge are discussed in terms of social standing, where White-feminist knowledge is presented as partial despite its position of power and dominance. Inter-subjectivity, or the importance of seeing through Indigenous eyes, is offered as a solution to the biases created from within feminist writing and for developing less partial knowledge. This work offers an integrated view of research grounded in Indigenous thought that draws on global issues and research strategies among Indigenous women.


Keywords: Aboriginal Peoples/Aboriginal Women/Adequate Income and Sustainable Economies/Adequate Power/Canada/ Human Rights/Youth

Abstract: The purpose of this paper was twofold: to examine, from the perspective of Aboriginal women, the jurisdiction and structure of a parallel system and the application of the basic principles and legal rights found under the Canadian Charter of Rights and Freedoms. The author notes that there cannot be a fair parallel justice system without the input of Aboriginal women, youth and Elders. Nahane believes that all those oppressed, these groups are the ones to have suffered the most. While Nahane does not speak directly about child welfare, she does speak specifically about the self-government aspirations of Aboriginal peoples in Canada. She notes that many Aboriginal women both fear and oppose self-government because the women do not want to live under brown patriarchs who abuse power. Furthermore, the women are calling for a return to matriarchies where women had real political power and enjoyed individual human rights. Some discussion does revolve around violence and, women and the law.
against Aboriginal women and children, and that this should be repaired before Aboriginal people jump into self-government. She notes that one of the most important struggles to be faced by Aboriginal women will be their resistance to the establishment of parallel justice systems that do not involve them equally in the planning, designing and delivery of such systems.


Keywords: Adequate Human Services and Social Safety Net/Cultural Integrity and Identity/First Nations/History

Abstract: Nationhood can be defined either positively, which will lead to a civic model of citizenship, or negatively, from which an ethnic model of citizenship will ensue. Each approach has a direct, formative effect on a nation’s political power and on its national and international relations. The ethnic model of defining First Nations, advanced by colonial governments via legislation and modern-day treaties and adopted by First Nations, diffuses First Nations’ political power and distorts First Nations’ national issues by reframing them as primarily social and economic disadvantages. Conversely, an inclusive civic model of nationhood will enable First Nations to rebuild and maintain their political strength and integrity by moving far beyond building their boundaries and internal identity on blood and ethnicity. Current-day political and legal discourse on self-government, Aboriginal rights and title, and treaties is largely founded on western constructs of nationhood that arise from European history and cultures. First Nations constructs of nationhood remain unarticulated or obscured, or are discarded at the self-government and treaty negotiation tables to the detriment of First Nations. The consequence of this approach is to further entrench Canadian structural power imbalances rather than create positive political, economic, and social change for First Nations. A different approach is necessary. First Nations and western constructs of nationhood and citizenship must be critically examined and compared, and First Nations must begin rebuilding inclusive, viable, civic societies based on nations, not on ineffective Indian Act bands (Journal Abstract).


Keywords: Aboriginal Women/Canadian Constitution


Keywords: Canada/Government/Human Rights/Racism/Work

Abstract: On the same day in 1986 that Brian Mulroney signed an international Proclamation to Combat Racism and Racial Discrimination, his government fired Mary Pitawanakwat from a government office in Regina, Saskatchewan. After an investigation in 1988 and 1989, the Human Rights Commission confirmed many of the incidents, including discriminatory remarks against Aboriginal people, touching of her buttocks, and sexual innuendos in office memos, all creating a poisoned work environment. The government asked a federal court judge to bar the parties in the suit from carrying the case forward. In April 1991, the court ruled against the government, but threw out sexual harassment charges on a technicality, making Pitawanakwat refile them separately. Her case has won support...
from labor, women’s rights organizations, and Aboriginal groups.


Keywords: Education/First Nations/Manitoba

Abstract: Thesis examines factors that promoted resilience in Aboriginal people who attended residential schools. A small sample of four women and two men from First Nations groups in Alberta and Saskatchewan were studied. The research identifies factors that helped these people endure the residential school experience such as: long-term marriages, a lifelong interest in education, high intelligence, and cooperative coping strategies. A happy and nurturing childhood and a strong belief in their traditional Aboriginal religion are also pointed out as resiliency factors.


Keywords: Aboriginal Women/Adequate Power/Social Justice and Equity/Violence Against Women

Abstract: Claims that the destruction of the matriarchal system has led to the normalization of violence against women and the creation of additional obstacles for women who want child custody and access rights.


Keywords: Aboriginal Women/Adequate Power/Gender/Racism/Social Justice and Equity

Abstract: The Fourth World examines four questions: To what extent do Aboriginal women understand experience and articulate their oppression? To what extent do colonized women perceive racism as the source of their oppression? To what extent do Aboriginal women view male domination within their own Aboriginal societies as the source of the oppression? How do Aboriginal women articulate racism and gender oppression?


Keywords: First Nations Women/Gender/ Manitoba


Keywords: Culture/First Nations/First Nations Women/Government/Health/Housing/Justice/ Welfare

Abstract: In 1975, various crucial issues faced Yukon women: wife-battering; lack of housing; migration from rural communities into Whitehorse; and conflict with the Justice system. The First Nations women of the Yukon Indian Women’s Association resolved to build a multi-purpose hostel for Yukon women in crisis as a partial response to these problems. The Yukon territorial government had also identified these issues as areas of concern, such that various social welfare and justice system agencies responded to requests from the First Nations women to assist in building a transition home. Well-educated, professional workers (who were also feminists) from governmental and non-governmental agencies became actively involved in the development of a 1979 proposal to the federal Department of Health and Welfare for a demonstration grant. A combination of archival and interview data reveals that this ostensibly collaborative involvement of state agencies and feminist bureaucrats had the consequence of merely imposing the historically unequal male/female power relations found within state agencies onto the grass-roots shelter. The result was that, by 1982, First Nations women had completely withdrawn from involvement in the transition home. Feminist theory and a specific view of state theory are used to examine that transformation process. Particular attention is paid to how issues of class, race, and professionalism permeated the framing and resolution of crucial issues in the Whitehorse transition home. The concept of the “privilege of feminism” is used in explaining why women of colour and First Nations women have felt marginalized and isolated, and been led to reject what they see as white middle-class feminists imposing belief systems that are incongruent with other cultures’ world views. The author joins these women in calling for a deconstruction of privilege, and the building of mutually respectful coalitions among women of different cultures and world views to address women’s issues.


Keywords: Native women/Family Violence

Abstract: Examines, through oral interviews with Native women in the community, the response of Coppermine women to problems of alcohol abuse and family violence. The paper argues that women have played the decisive
role in organizing community resources to secure better legal support for women victims of violence; and to provide counselling and emotional support.


Keywords: Aboriginal Women/Adequate Power/Racism/Safety and Security/Social Justice and Equity

Abstract: According to the Aboriginal Justice Implementation Commission report of 1999, “Aboriginal women are the victims of racism, of sexism, and of unconscionable levels of domestic violence. The justice system has done little to protect them from any of these assaults.” Nearly five years on, events in Watson Lake, Yukon, lead many to wonder what, if anything has changed. On February 22, B.C. court judge E.D. Schmidt sentenced Daniel Morris, a Kaska man, and former chief of the Liard First Nation, to two years’ probation on four charges related to what the Liard Aboriginal Women’s Society describes as “a horrific act of domestic violence.”


Keywords: Aboriginal Women/Adequate Power/Culture/Empowerment/Gender/Life-Sustaining Values, Morals, and Ethics/Racism/Safety and Security/Sexual Violence/Social Justice and Equity

Abstract: Part of a special issue on feminism and the law. An examination of the uses to which culture is put in the courts when the issue is violence against racialized women. Both women of color and Aboriginal women are obliged to talk about culture and violence within the context of white supremacy, a context in which racism and sexism and their intersections are denied. White judges and white lawyers seeking neat, culturally sensitive, ungendered solutions to justice have not often stopped to question their right to interpret Aboriginal culture, history, and contemporary reality. Cross-cultural sensitivity training of the judiciary will be of little use unless it is pursued in the context of the greater empowerment of the subordinate group. Cultural considerations might be effectively deployed if they remain grounded in the realities of domination. In the courtroom, the cultural background of racialized women can be used to explain the structural constraints of their lives (Journal Abstract).


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/Adequate Power/Cultural Integrity and Identity/Culture/Empowerment/History/Racism/Safety and Security/Social Justice and Equity

Abstract: This book challenges the widely held view that relations between dominant and subordinate groups can be unmarked by histories of oppression, as many cultural diversity theorists, educators, and legal practitioners presume. In this view, problems of communication are mere technical glitches caused by cultural and other differences, and educators and legal practitioners need only learn various “cross-cultural” strategies to manage these differences. What makes the cultural differences approach so inadequate in the classroom is not that it is wrong, because people in reality do have culturally specific practices that must be taken into account, but that its emphasis on cultural diversity too often descends to a superficial reading of differences that makes power relations invisible and keeps dominant cultural norms in place. This book examines how relations of domination and subordination stubbornly regulate encounters in the classroom and courtroom and shape what can be known, thought, and said. Essays focus on intertwining systems of domination—capitalism, patriarchy, and White supremacy—as they affect the experiences of Canadian Aboriginal women, other Canadian minority groups, and women with developmental disabilities in college classrooms and in court cases involving sexual assault and immigration issues. In Looking White People in the Eye: Gender, Race and Culture in Courtrooms and Classrooms, Sherene Razack addresses the failure of feminist theory and of feminist lawyers, academics, educators, and adjudicators, as well as non-feminist judges, to address difference. Razack explores the hierarchical relations implicit in feminist theory and suggests the means by which we can explore and redress our complicity in “relations of ruling.” This review places Looking White People in the Eye at the centre of a discussion of the need for feminism to journey from a “here” in which difference and hierarchical relations are not sufficiently acknowledged by feminists to a “there” in which difference is at the core of feminism. It concludes that Razack’s analysis is an integral part of the evolution of feminist theory.

Keywords: Justice/Aboriginal Women

Abstract: Redbird deconstructs the term “sovereignty” through a holistic lens. Tracing historic violation of Native women through American colonization, she reveals how contemporary American Indian policy continues to constrain women. Her remedy is to develop policy that will place true power - authority and responsibility - in the hands of women’s organizations to ensure the revitalization of society grounded in traditional knowledge and “the genuine sovereignty, which comes from the family and clan - the basic institutions of Native society.”


Keywords: Adequate Power/Canada/Safety and Security/Social Justice and Equity/Youth

Abstract: This paper examines the Supreme Court’s decision in R. v. Gladue which interpreted the requirement in s. 718.2(e) of the Criminal Code that judges at sentencing examine alternatives to imprisonment “with particular attention to the circumstances of Aboriginal offenders.” The authors argue that Gladue is promising in its recognition of Aboriginal over-incarceration as a pressing problem and of the disadvantages suffered by all Aboriginal offenders including those living in an urban environment. The authors examine the relation between s. 718.2(e) and restorative and retributive principles of sentencing. They also explore the relevance of s. 718.2(e) in cases of serious crimes and the role that Gladue may play in a process of net widening through extensive use of conditional sentences in cases where imprisonment would not normally have been imposed. The reception of Gladue in the criminal justice system, including the Supreme Court’s subsequent six decisions concerning conditional sentences, is also examined. Finally, the authors explore the negative reception that Gladue received in the popular media and the initial decision to exclude s. 718.2(e) from the bill to enact a new Youth Criminal Justice Act. The authors conclude that although it is a promising decision, Gladue is not likely to reduce the over-incarceration of Aboriginal people in Canada (Authors’ abstract).


Keywords: Canada/Inuit Women/women

Abstract: This thesis is a subjective exploration of the images of Inuit women in narrative texts about Inuit. The intention in writing this thesis is to open up a space in which inquisitive dialogue is encouraged regarding the generally accepted position of Inuit women. Inuit women have been portrayed in many contradictory images. These images can be seen as an oppressive force that presently confines Inuit women who once held a highly important decision-making role in Inuit society. The reinterpretation of the descriptions of Inuit women provides a deeper understanding of the position of Inuit women in Inuit society. This thesis questions the uncritical acceptance of texts and encourages the emergence of the “active” reader by reading against the grain of the text (Author Abstract).


Keywords: Canada/Culture/Native women/Work

Abstract: Native peoples comprise living, dynamic, contemporary Nations, with life ways that have survived in the midst of (indeed, in spite of) the genocide perpetrated against them by dominating non-Native cultures. Native traditions have neither vanished, as the colonizers of North America predicted, nor have they remained frozen in “precontact” or early contact time. Such notions are reflections of extremely powerful stereotypes that reinforce the notions of some non-Natives who feel that they can take for their own certain aspects of Native tradition that appeal to them because the traditions are supposed to belong to people unknown and long dead. This dissertation is an examination of some of the images and stereotypes of the life ways of Native peoples, in particular, the life ways of Native women, and how these have historically been related to “nature” in dominating cultures in North America (with a focus on Canada). It seeks to disrupt and subvert a number of these stereotypes, appropriations, and misinformation about Native peoples that are present in environmental philosophy, ecofeminist and related feminist spirituality materials by identifying them, outlining how they are represented and perpetuated in these materials, and suggesting that all endeavours to discuss and/or research Native peoples adopt methods that are grounded in -- and begin with -- the voices, the images, information, and theories generated by Native peoples. I strive to honour the work of Native people who have already shared their wisdom with non-Native communities by concentrating on their words as primary sites of theory and knowledge--theories which offer profound critiques of some
of the materials that are part of environmental philosophy and feminist/eco-feminist movement. In so doing, the methods that I have developed for the presentation of this dissertation are at ‘least’ as important as my contributions to the literature and to “original facts” (typical expectations of Ph.D. dissertations). Hence, in an effort to push beyond disciplined boundaries of the academy and present this research in a manner that mirrors the issues and concerns in which I have grounded my research, this work is written with three interwoven typefaces—each to mark clearly the “voice” or process it reveals: Native “voice,” a narrative of my process, and my analysis (Author Abstract).


Keywords: women/identity/Indian Act


Keywords: Aboriginal Women/Canada/Gender/Justice/Native women

Abstract: The author examines the roots of Aboriginal women’s over-incarceration in Ontario in the 20th century, especially during and immediately following World War II. Records from the Mercer, the only Ontario Reformatory for Women; Material and cultural dislocations of colonialism; Gender and race paternalism of the courts and prisons; Cultural gap in the notions of crime and punishment.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Basic Physical Needs/Work

Abstract: This Profile of Aboriginal Women in Saskatchewan offers a comprehensive overview of the issues that are most important to Aboriginal women in their struggle to improve their lives and those of their children. It is designed to assist community-based organizations and policy makers at all levels of government to better serve the needs of Aboriginal women and their families in Saskatchewan. The evidence gathered in this Profile shows that the Aboriginal female population is much younger than the non-Aboriginal female population. Some of the key findings for this literature review’s consideration are: (1) Aboriginal women over 15 years of age are less likely to participate in the paid labour force and more likely to spend substantial amounts of time caring for children and seniors on an unpaid basis. They have a different pattern of paid and unpaid work compared to non-Aboriginal women. This, in turn, has an impact on their incomes, which are lower than those of non-Aboriginal women; (2) Aboriginal women are more likely to have children living with them than non-Aboriginal women, and they are also more likely to be lone parents. In Regina and Saskatoon, about half of all Aboriginal children live with a single parent, most often a lone mother. Aboriginal women are also much more likely to move their place of residence than their non-Aboriginal counterparts. Provides an overview of the issues that are most important to Aboriginal women in their struggle to improve their lives and those of their children. Addresses the health status of First Nations women, along with general demographics and statistics on education, employment, income, housing, families, and violence. Links gender-inclusive analysis with an approach that takes into consideration the broad social and economic situation of groups of people (population health approach). Features comments by a number of First Nations and Métis women in the province.


Keywords: Culture/Manitoba/Native women/Work

Abstract: In February 1846, the Reverend James Evans, who had been for several years the senior missionary among the Cree at Norway House, Manitoba, was accused by members of his congregation of sexual impropriety with young Native women who had resided at various times in his home. The trial that followed is a central theme in ‘The Rossville Scandal, 1846: James Evans, the Cree, and a Mission on Trial’, which is a study, like past historical works, of the impact missionaries and Hudson’s Bay Company officers had on events before, during, and after the trial. However, framed by a consideration of the larger debate concerning the broader meaning and significance of missionary/Aboriginal encounters, analysis seeks to break new ground in its focus on the origins, culture, and possible motivation of Evans’ accusers and the Cree community from which they came. Some conclusions are possible as a result of this investigation. Certainly the Rossville Creek were actors, not merely acted upon, in their encounter with the missionaries. They played a major role in the establishment and progress of the mission and acted decisively to defend their religious beliefs in the face of HBC opposition in 1845. In addition, some of them were also willing to resist perceived misconduct by their senior missionary in February 1846. The circumstances of Evans’ trial may never be fully understood, nor his guilt or innocence proven with any finality, but not one member left the Church as a result of the allegations against him nor was anyone involved in the trial expelled.
from the congregation by the local Elders. Evidently converted to the message rather than the messenger, the Rossville Cree had built their faith upon a rock and withstood the storm.


Keywords: Aboriginal Women/Canada/Culture/History/Native women/Work

Abstract: Aboriginal women’s identities have been manufactured and manipulated by white culture through photography and other visual media. By referring to archival, postcolonial, historiographic, photographic, and feminist theories, and to the historical context, this study argues that Department of Indian Affairs and Northern Development (DIAND) and National Film Board (NFB) photographs that portray Aboriginal women at work between 1940 and 1970 are in fact mirrors of white cultural values. The images illustrate what white women, not Native women, were to aspire to and how they were treated with respect to work, within and without the home. Actual Aboriginal women’s histories and experiences are absent from images made by departments who sought to define and direct Native culture in Canada forty years ago. In NFB and DIAND photos, Native women are either created in the image of white women or renamed as ‘non-Indian’, or they are portrayed as the ‘other’. By demonstrating how photos of Native women are reflective of white cultural values, this study invites further study of massive archival and non-archival collections of photographs related to Indian Affairs.


Keywords: Aboriginal Women/Canada/Matrimonial Real Property

Abstract: In most of Canada, upon the breakdown of marriage, or in some cases, upon the breakdown of a common-law relationship, provincial or territorial law governs how assets of the marriage or common-law relationship are to be divided. Assets include personal property (furniture, vehicles, and other objects) as well as real property (land or things attached to land). This report looks at how the federal Crown can best address the longstanding issue of on-reserve matrimonial real property for Aboriginal women and children.


Keywords: Aboriginal Women/Adequate Power/Canada/Canadian Women/First Nations/Gender/Social Justice and Equity/Status of Women

Abstract: In December 1999, SWC held a national consultation on gender equality with Canadian women from across the country, including First Nations, Inuit and Métis women. During that consultation, the Aboriginal women requested a consultation dedicated to the needs and aspirations of Aboriginal women, avoiding competition with the mainstream process. In an effort to address these concerns, SWC convened an Aboriginal Women’s Roundtable on Gender Equality in Ottawa on March 30-April 1, 2000.


Keywords: Aboriginal Women/Incarcerated Women/racism

Abstract: In this paper, the authors offer a highly personal and compelling analysis of the conditions under which Aboriginal women have come to figure so prominently among the population of female inmates in federal correctional facilities. Arguing that racism lies at the heart of the criminal justice system’s treatment of Aboriginal women, the authors argue that there is an urgent need for healing “through traditional ceremonies, support, understanding, and ... compassion” (p. 482) (Dion Stout, 1997).


Keywords: Aboriginal Women/women/Canada/Gender/First Nations/First Nations Women/Social Class/Children

Abstract: The purpose of this study is to develop a theoretical framework which will encompass elements of race, class, nation and gender as they are applicable to the position of First Nations women in Canadian and Indian society. In order for Indian women to be empowered to struggle for a fundamental change in their position, it is mandatory that Indian women and Indian people in general develop a social class consciousness. It is time for Indian people to confront the kinds of traditionalism and nationalism that justify and condone maltreatment of Indian women and their children. This conservative nationalism is the dark side of ‘liberal’ multicultural policy in Canada. It is divisive and destructive. This study seeks to develop a new theoretical framework which will critique the prevailing ideology which
fosters reactionary nationalism and ensnares Indian people in neocolonial hierarchies which destroy their hope and vision for the future. Indian self-government is viewed by many as a panacea for improved conditions for Indian people. This study demonstrates that Indian self-government will probably be a continuum of past neocolonialism in the absence of socialist consciousness.


Keywords: Inuit Women/Safety and Security/Images

Abstract: The objective of this project was to determine the significance of Inuit women’s images as represented on Inuit broadcast television in light of their contemporary experiences and roles within the community and the family. The author examined the significance and relevance of Inuit broadcast television images during a period of rapid cultural and social changes. Changes that are affecting Inuit women’s traditional roles, responsibilities and perceptions were studied.


Keywords: First Nations Women/Constitution/Patriarchy

Abstract: Unavailable


Keywords: Canada/First Nations/First Nations Women/Poverty/Status of Women

Abstract: Two decades after the release of the Report on the Royal Commission on the Status of Women in Canada, Turpel assesses the report from the standpoint of First Nations women. She criticizes the mandate of the report, the commitment to equality of opportunity for women, and ideas that are inappropriate conceptually and culturally for First Nations women. She also suggests that the Indian Act is such a lethal document, imposing ‘racial’ categories and dividing communities, that the report’s recommendations for ‘reform’ must be rejected. Moreover, Turpel remarks that the voices of First Nations women are not evident in either the findings or the recommendations of the report, and she sadly notes that little has changed in the 20 years since the report; in fact, poverty and oppression have escalated for First Nations women. She concludes that the governments cannot be trusted to provide change for First Nations women and she challenges white feminists to question the universality of their aspirations and prescriptions, and to support the First Nations political agenda.


Keywords: Canada/Canadian Women/History


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Disabilities/Gender/History/Multiple Oppressions/Research/Well-being/Work

Abstract: This study analyzes how living with a disability affects the well-being of a woman of Aboriginal ancestry. The research is an exploratory, qualitative, feminist study. The social well-being model developed by Roeher Institute breaks down the concept of well-being into three elements: self-determination, democratization and equality. The second theoretical framework used is the theory of multiple oppressions, which emphasizes the interlocking nature of all oppressions. It also states that oppression is structured on multiple levels -- the personal, group, and institutional levels. The theory of multiple oppressions emphasizes the importance of placing the experience of the person or group being studied at the center of the work, a belief consistent with oral history methodology.


Keywords: Aboriginal Women/Canada/Prostitution/Racism/Sexism

Abstract: This book is a look at the trial of John Martin Crawford and the serial murders of Aboriginal women in the prairie communities of Alberta and Saskatchewan.

Keywords: Social Justice and Equity/Women Offenders

Abstract: In order to fulfill its legal mandate to assign an initial security classification of minimum, medium, or maximum to all federally sentenced women offenders, the Correctional Service of Canada (CSC) has used the Custody Rating Scale (CRS) - an objective statistical tool - for more than a decade. Despite CSC’s numerous claims of this tool’s validity and the equity of its outcomes, it has been repeatedly suggested that the CRS misclassifies women in general and Aboriginal women in particular. This article extends the (theoretical) debate surrounding the applicability of the CRS for these two sub-groups of the inmate population. Using actual findings published by CSC, this article empirically demonstrates that the overall scale, one of its two sub-scales, and many of the individual items making up the classification tool have weak or no predictive validity for Aboriginal and/or non-Aboriginal women. Further, it provides evidence that the CRS introduces a systematic bias against Aboriginal (relative to non-Aboriginal) offenders whereby a substantial proportion of these minority women are unjustly over-classified in higher levels of security. The article concludes with a discussion of several of the broader theoretical and policy implications of these findings.


Keywords: Canada/Cultural Integrity and Identity/Education/First Nations/Social Justice and Equity

Abstract: This testimonial takes up what it means to be an educator of Aboriginal ancestry working within existing school structures for the betterment of Aboriginal children. While the testimonials do not presume to speak for her people, she contends that her story of growing up and becoming a teacher is not unlike that of other First Nations people in Canada. She examines her life within the continuing colonizing structures of Canada and shows how the struggles for justice and recognition of Aboriginal wisdom within education are making a difference.


Keywords: Canada/Health/Health Care

Abstract: In response to a hunger fast by five members of the Sandy Lake Band at the Sioux Lookout Zone Hospital in Northern Ontario (Canada)--a cultural protest of the status of health care services in the Zone--the federal Minister of Health agreed to establish a panel to review the region’s health care system. The year-long study involved hearings in each of the 28 remote communities of the Zone, and interviews with Elders and chiefs, women, and health care providers. A consultation team from McMaster University (Faculty of Health Sciences) assisted the panel with epidemiological survey research, literature reviews, and the interpretation of the data collected in the proceedings. This paper offers our interpretation of data collected from the qualitative study component. Specifically, it provides an interpretation of the discourse of the Native women of the Nishnawbi-Aski Nation on their experience of health and health care. An “idiom of loss” captures, we feel, the depth of their concerns, dilemmas and frustrations (Journal Abstract).


Keywords: Adequate Power/Gender

Abstract: This article outlines and evaluates a proposal for mandated gender parity in the legislature of the new territory of Nunavut. It concludes that the proposal is consistent with democratic rights and enhances desirable relationships of representation and accountability between elector and legislator. As such, the Nunavut proposal represents an innovation reform that adapts Canadian political traditions to accommodate contemporary social cleavages. Although the results of a 1997 referendum in Nunavut preclude the implementation of the proposal in the new territory, the proposal remains a relevant contribution to policy discussions concerning the underrepresentation of women in elected office.


Keywords: Aboriginal Women/ Australia/ Canada/Social Justice and Equity
2. Access, Delivery and Perspectives Regarding Health and Well-Being

The research in this area centers on key health issues, the status of health care, perceptions, participation, decision making and attitudes and behaviours of Aboriginal women regarding the issue of health. It also includes a focus on indigenous knowledge respecting spirituality, medicines and the importance of women's involvement in the health education field. The literature under this heading have been divided into six sub-categories that deal with (1) health policies as well as legal and key issues surrounding the issue of health among Aboriginal women; (2) perspectives, needs and decisions regarding health and well-being; (3) the use of storytelling and its connection to Aboriginal women’s perspectives on health; (4) encounters with the health care profession; (5) perceptions from the medical profession about the health, well-being and quality of life of Aboriginal women; and (6) behaviours the Aboriginal women are utilizing to promote health and well-being:

Health Policies, Legal and Key Issues Respecting the Health of Aboriginal Women

The series of research grouped under this rubric are devoted to examining various government health policies and legal as well as key issues that center on the health concerns of Aboriginal people in Canada. A great deal of the material is not entirely specific about the health status of Aboriginal women but it does provide valuable insight into many of the key issues and perspectives on the trends and changes to the health status of various Aboriginal populations which can be extrapolated and extended toward an overall understanding of the health situation among the diversity of Aboriginal women in Canada.

Research colleagues Deiter and Otway (2001) surveyed a sample group of 98 Aboriginal women about what good health and healing means to them and their communities. The sample group included Aboriginal women from urban, reserve, and northern communities in Saskatchewan and Manitoba. Their research provides excellent insight into Aboriginal women’s definitions of health, healthy communities and gendered perspectives on health. For the women who participated in this study, health includes a good diet, exercise, absence of substance abuse, adequate rest and food. In addition, their definitions were holistic in perspective, in that for them, health involved not just the physical aspects of health but includes intellectual, emotional and spiritual aspects. Many of the women utilizing the medicine wheel teachings indicate that if one is out of balance in any one of the domains - mental, spiritual, emotional or physical - then a woman is considered out of balance and unhealthy. Sickness and illness can result from the imbalance (p.19). Their definitions of healthy communities included a community where everyone worked together and took care of each other and included absence of addictions and violence, active people, in addition to adequate services in health and recreation (p.19). The Aboriginal women’s perspective on health is holistic and involves a balance between the mental, physical, emotional and spiritual. This perspective also includes notions of harmony between one’s self and the land as well as the importance of having adequate financial resources in order to meet one’s personal health needs (p.19).

The findings from Deiter and Otway’s research are instructive in providing an understanding of what the Aboriginal women in their study consider to be the top three health concerns for communities. Violence was identified to be the number one concern, followed by diabetes and mental health issues; these were also followed closely by the identification of cancer and hypertension, including
substance abuse problems and other less prevalent concerns (e.g. obesity, STDs, HIV/AIDS, and FASD). The findings indicate that these women are knowledgeable about the issues impacting health and Aboriginal people. They feel that the number one health need for all Aboriginal people is increased funding for non-insured benefits and access to other health-related services and resources. They understand the reality and impact of poverty on their health. Because of their poverty, many do not have the financial resources for their own eyeglasses, dentures, dental care, and/or prescription drugs. This is further compounded by a lack of access to other community resources needed to address their mental health concerns, proper nutritional diet, access to medical care and facilities on reserve as well as long waits to see a physician (p.20).

A majority of the Aboriginal women in this study felt that they did not live in healthy communities. Many identified violence and substance abuse as one of the reasons why communities are unhealthy. The higher rates of diseases within the community were also noted as another factor that bears upon the overall perception of health within a community. Given the qualitative responses by the Aboriginal women who participated in this study, Deiter and Otway concluded their report with eight recommendations aimed at ensuring and empowering holistic health approaches for Aboriginal women. These recommendations are centered on the need to improve the socioeconomic and political status of Aboriginal women in Canada and the recognized need for education; better paying employment; adequate housing; affordable day care and family support services; the need for more research and funding for mental health issues; incorporation of Aboriginal health values to support effective community health programming that would also promote and empower Aboriginal women; increased funding for uninsured benefits; further funding for community-based family violence programming that involved women as full participants; research and programming to address violence against Aboriginal women; and the development of partnerships between Aboriginal, provincial, federal and municipal governments regarding community-based health care delivery to ensure the participation and inclusion of Aboriginal women in health care delivery and decisions.

Madeleine Dion Stout, a female Aboriginal scholar, reviewed literature on current and emerging policy issues affecting Aboriginal women. At that time she suggested that more research was required for looking at the circumstances of Métis and off-reserve women and women with disabilities, as well as the justice system and women’s involvement in economic development and the impact of these systems in relation to the well-being and health of Aboriginal women (Dion Stout, 1998). Also, what is important is that Aboriginal women are diverse and that generalization about Aboriginal women’s health is not always possible. As noted by Dion Stout (1996), “it is important to remember that Aboriginal women do not all suffer the vagaries of ill health equally and always. In the final analysis, the diversity and ingenuity of Aboriginal women cannot be ignored.”

Dion Stout and Kipling (2002) again looked at health services, the administration of health services, medical policies and its implications for Aboriginal women and their health, hygiene and access to medical care. They make reference to the impact of low educational attainment on Aboriginal women’s health as well as the connecting factors that social environments play in women’s health. The way in which major social roles (such as partner, parent and/or worker) and the socioeconomic factor play out in connection with women’s health were examined in an overview and synthesis of research on psychosocial influences on women’s health by Janzen (1998), whose
findings indicate that it is important to pay attention to the particular circumstances in women’s lives to understand the variability of health among women (for example, women are also partners, parents and workers). Janzen provided a more detailed analysis and picture of Aboriginal women’s health in the chapter that examined Aboriginal women specifically.

O’Doherty (1997) too looked specifically at gender and health as well as the health determinants among Aboriginal women and peoples generally within the Province of Quebec. O’Doherty’s examination of gender and health includes a discussion of health determinants, Aboriginal women and the Canadian constitutional framework with regard to federal and provincial responsibility for Aboriginal health, the transfer of health care responsibilities, the sharing of skills, as well as the right to equality and self-government. Key issues around the health concerns of rural, remote and northern women’s health were explored by Sutherns, McPhedran and Haworth-Brockman (2005). Health Canada (2005) has developed a fact sheet that focuses on the health of Aboriginal women. Health Canada states that Aboriginal women’s health has improved considerably in the past few decades but that there remains inequality around Aboriginal health as it relates to the general population. This is generally the case for all Aboriginal people but even amongst Aboriginal people who live off reserve; inequalities in health continue to persist (Statistics Canada, 2002).

Perspectives, Needs and Decisions Regarding Health

The research under this category looks primarily at specific perspectives that have emerged from the research among Aboriginal women regarding their perspectives and conceptions on health. The literature also attempts to focus on the ways that Aboriginal women have tried to influence decisions made around health concerns for the female population through participation in research. Adelson (2000) for instance, provides a look into Cree perceptions around health and the politics of Cree well-being. The Cree people in Adelson’s research teach that “being alive well” means a variety of things to them (i.e. ability to pursue traditional activities, eat the right foods and keep warm, especially in the north) and that quality of life is linked politically and socially and traditional ideas around “being alive well” are very much a part of contemporary Cree living. The perceptions about health among Métis women were explored by Bartlett, an Aboriginal medical doctor and researcher. Métis women have very specific ideas about what constitutes health and what constitutes well-being. Health and well-being are two very different but interrelated concepts to Métis women (Bartlett, 2003). A deeper examination of Métis women’s perspectives on these differences was detailed in a recent article published by Bartlett in 2003. For Métis women, health was most often reflective of physical health whereas “well-being” was much broader, holistic and encompassed dimensions of spirituality, emotional, physical and mental/intellectual aspects of living consistent with the Aboriginal Life Promotion Framework developed by Bartlett.

Other research has highlighted that fact that urban Aboriginal women in particular want to be more involved in influencing decision making around services related to their own health. The urban Aboriginal women in Vancouver’s Downtown Eastside in Benoit, Carroll and Chaudhry’s (2003) study expressed the view that they should have a healing place that was based on a model of care that addressed all their concerns in a more integrated manner and where they would be respected and given the opportunity to shape and influence decision making about the services that would impact their own health and healing. These women also raised the need to focus on Aboriginal women’s specific health concerns and the need for greater culture-based
programming (including traditional healing methods and therapies), including the need for access to parenting support and educational programs, and access to dental care (Benoit, Carroll, Lawr and Chaudhry, 2001). More specifically the findings from this research recommend integrating Aboriginal women’s voices into future planning, policy development and the delivery of health programs.

Bent (2004) also examines the actual life experiences of health and wellness for Aboriginal women. One of the major findings from her study indicates that Aboriginal women face health problems that are not common to non-Aboriginal women and that current health services still do not adequately meet their needs despite the fact that this has been already confirmed in the research conducted to date. Aboriginal women on the east coast have also participated in research that sought to find out what their top three health concerns were (Davidson, Holderby, Willis, Barksdale, Richardson, Loppie, et al., 2001). The three main health concerns identified were: psychosocial issues, other specific illness and cancer. Stress and depression were also recognized as being a concern among all the groups but the researchers note that health care professionals rarely consider them as major health problems. Health meanings and concerns were also extrapolated from urban Aboriginal women using in-depth interviewing and participant observation.

Garteig’s (1995) analysis of the findings from this study shows that for urban Aboriginal women, their primary health conception is an integrated understanding of “health as how you live your life.” Also blended in with this integrated view are the concepts of balance, “ideal self” and “shadow self.” Garteig notes that the latter two concepts of “ideal self” and “shadow self” are used by the women as measures or indicators of health as they question their health in relation to bodies, actions, feelings and their visions or goals. Grant Timmins (2003) examined the unequal power relations between Carrier First Nations women in northern British Columbia and the medical profession and how the negativity from these relationships impacted the women. A more detailed look into Inuit women’s health was the highlight of Pauktuuttit Inuit Women’s Association of Canada’s (2002) research in which the health needs of this group of women is highlighted.

Storytelling and Aboriginal Perspectives on Health

The plethora of available literature under this section attests to the significance of Aboriginal women’s perspectives and the importance of their voice on issues related to their health, well-being and healing. The majority of research under this section specifically utilized Aboriginal women as research informants and participants in research that focused primarily on health concerns among the female population from the three Aboriginal groups, but as well looks at many other issues that are connected to well-being. Much of this research is based on personal interviews and reflections of Aboriginal women who have looked at the impact of residential school (Deiter, 1999; English, 1996), the meaning of being Aboriginal and a woman (Egan, 2002), Aboriginal women’s perspectives on the impact of health program services on their health and well-being (Dressler, 2004), how Aboriginal women have adapted to illnesses and their experiences as survivors of breast cancer (Lambert Colomeda, 1996), the impact of HIV/AIDS on Aboriginal women, especially those who are street involved (Ryan, 2004), Aboriginal women’s contributions to healing and strategizing on FASD issues (Ontario Federation of Indian Friendship Centres, 2003), to women’s testimonials around domestic violence and the process of healing family violence victims and offenders (Native Women’s Association of Canada & Canadian Council on Social Development, 1991). The research under this section includes diverse voices from young, elderly and two-spirited women as well as diverse perspectives on the traditional and contemporary views of health issues for Aboriginal women.
Encounters with the Health Care Profession

Browne and Fiske (2000a) stress that Aboriginal women’s experiences with health care encounters is an important area of study because their perspectives reflect social, political, economic and ideological relations between patients and the dominant health care system and that these relations are reflective of wider postcolonial relations that shape their everyday lives. These findings were further elaborated in Browne and Fiske’s (2000b) investigation into the experiences of First Nations women in a small reserve community in northern British Columbia. Under this study, First Nations women had a chance to describe their encounters with health care services in terms of whether their experience with the medical profession was invaliding or affirming. Their findings reveal that women’s experiences with the health care profession were characterized by Aboriginal women themselves as being shaped by racism, discrimination, and structural inequalities that continue to marginalize and disadvantage Aboriginal women (Browne and Fiske, 2000b). Benoit, Carroll and Chaudhry also investigated whether urban Aboriginal women in Vancouver’s Downtown Eastside felt their health and medical needs were being adequately met by the health profession. The findings indicate that despite efforts from various quarters to articulate the health and social concerns of the country’s marginalized populations, such has not been the case for Aboriginal women living in one of Canada’s most prosperous cities. Many Aboriginal women expressed a strong desire for a Healing Place, based on a model of care where their health concerns are addressed in an integrated manner, where they are respected and given the opportunity to shape and influence decision making about services that impact their own healing. Lastly, Brunen (2000) raised awareness about the triple marginalization experienced by Aboriginal women in the health care system, especially for those with addictions. The author synthesized the material to explore racism in health care. The primary focus was on the ways in which First Nations women who misuse substances are triply marginalized in the health care system and the implications for these women.

Perceptions from the Medical Profession

The material under this section deals with a number of perspectives coming from those in various medical professions on the health of Aboriginal women. Gibson (2005) for instance indicates that Aboriginal healers in traditional societies may be in a better position to understand the medical needs of Aboriginal people. Hunter, Logan, Barton and Goulet (2004) look at diverse healing traditions among Aboriginal peoples and link these traditions to holistic nursing practice. They suggest that the nursing practice needs to take into consideration the understanding of Aboriginal healing traditions and that linking holistic nursing practice with Aboriginal healing traditions offers a foundation on which to build culturally competent care for Aboriginal peoples. Kinch (1994) and Dhalla (2002) both look at the numbers of Aboriginal people attracted and retained in various medical professions in Canada. Lazarus focused on the doctor-patient relationships and Aboriginal women’s personal experiences of health care encounters (1988).

Health Promoting Behaviours

Very little literature actually exists on how to encourage health promoting behaviours for Aboriginal women. The two articles grouped under this heading deal with how Aboriginal women are engaging in more health promoting behaviours such as ensuring they exercise more often, quit smoking, direct positive dietary changes, and understanding the range of social determinants can lead to positive health behaviours (Elias, Leader, Sanderson and Tate, 2000). Hay and Shepard (1998) looked at habitual physical activity among
Aboriginal students in southern Ontario and the role of culturally appropriate interventions that increase physical activity among Aboriginal youth, both male and female. Health promoting behaviours to some extent are also discussed under the section that looks at the link between exercising and Aboriginal women with diabetes.

Bibliography of Resources

An annotated list of resources organized under this thematic area is listed as follows.


   Keywords: Cree Nation/Cultural Integrity and Identity/Health/Spirituality and A Sense of Purpose/Well-being

   Abstract: The author notes that in the Cree language there is no word that translates into English as “health.” The most apt phrase is miyupimaatisiun or, as the author translates it, “being alive well.” “Being Alive Well” constitutes what one may describe as being healthy; yet it is less determined by bodily functions than by the practices of daily living and by the balance of human relationships intrinsic to the Cree lifestyle. “Being Alive Well” means that one is able to hunt, to pursue traditional activities, to eat the right foods, and to keep warm (given the harsh northern winters). That quality is linked, in turn, to political and social phenomena that are as much a part of the contemporary Cree world as are the exigencies of “being alive well.”


   Keywords: Aboriginal Women/Community Development/Community Solidarity and Social Support/Gender/Social Determinants

   Abstract: The author discusses the role of music in Aboriginal social change movements and its connection to gender differentiation. The use of voice in healing is discussed as well as the fact that cultural and musical expressions need to be a part of the evolving and flexible movement toward recovering past ways of life and healing our communities and restoring balance after centuries of colonization, genocide and assimilation.


   Keywords: Aboriginal Parents/Health Care/Single Parents

   Abstract: The “Talking Bridge” project was initiated in response to an identified gap in services in urban Aboriginal health care programs: specifically, it addressed single parent families who lacked emotional support in their everyday life in situations such as medical operations, childbirth, mental health, addictions, socialization, health awareness, cultural awareness, financial stresses, physical and sexual abuse, and peer support. The project targeted other areas in need of support other than single parents. They were Elders, men, youth, and women with no children. This report describes the activities of the project since funding was provided by the Ontario government, demonstrating its success, and to justify continued support for the project.


   Keywords: British Columbia/First Nations/First Nations Women

   Abstract: Using a phenomenological approach, this study explores First Nations women clients' experiences of dual relationships with alcohol and drug abuse counselors indigenous to the clients’ communities. The goal of this study was to provide a description of the nature of this experience from First Nations women clients’ perspectives. Descriptive data for the study was gathered through conversations with three First Nations women from rural British Columbia and Alberta. The thesis points out that counseling can be very effective if the therapeutic relationship can grow into an enduring relationship where clients trust the counselor and eventually view the counselor as a role model. In order to even out the power imbalance during the beginning phase of the relationship, the study recommends boundary management initiatives that will allow the enduring relationship to form much quicker.


   Keywords: Culture/Gender/Health/Native Women

   Abstract: Four Native American women living in the majority culture were interviewed in a qualitative study, using snowball sampling, to explore their experiences concerning the meaning of being Native and of being Native...
women. A constant comparative qualitative analysis revealed four themes reflecting the women’s experiences: “otherness”; conflicting dominant and Native cultural messages; Native traditions as strengths, particularly as taught by female Elders early in life; and the formation of positive gender and ethnic identities (Journal Abstract).


Abstract: Because of the continuing poor health status of Aboriginal populations in Canada, along with increasing opportunity for Aboriginal-designed health surveys, it is argued that policies and programs, and the research from which they are derived, should be more solidly grounded within Aboriginal understandings of health and well-being. Survey research for Aboriginal populations usually draws on questions developed by and for mainstream Canadians. This paper stems from the author’s master’s thesis study that elicited adult and elderly Métis women’s descriptions of ‘what constitutes health’ and ‘what constitutes well-being’. Outlined are descriptions of Métis women’s Conceptions of Health and Conceptions of Well-being, as well as Dimensions of Well-being that should be included in health survey research (Journal Abstract).

Keywords: Canada/Health/Métis Women/Well-being/Research


Abstract: The purpose of this article is to gain an understanding of the perception of health and well-being for a sample of Métis women in Manitoba and to consider if this perception might be used to develop survey questions and to influence health promotion directed toward Métis women. A quasi-phenomenological tradition of enquiry was employed to gain understanding of the lived experience of participants. Data was collected from focus groups utilizing a ‘talking circle’ methodology. A participatory research approach involved three large Aboriginal organizations. Health and well-being are different concepts for these Métis women. Health was most often experienced stress around goals that are seen as relatively unattainable. The data produced in this study should be utilized to develop and test survey questions that can be applied to a larger portion of the Métis population. The Aboriginal Life Promotion Framework is useful as an organizing tool for systematically exploring elements of living (Adapted from Journal Abstract).

Keywords: Health/Manitoba/Métis Women/Well-being/Research


Abstract: Research on general health service delivery in urban areas of Canada shows that Aboriginal people face formidable barriers in accessing culturally appropriate and timely care. Over the past decade, Urban Aboriginal Health Centres (UAHCs) have emerged to address the unmet health concerns of Aboriginal people living in metropolitan areas of the country. The purpose of this research was to address the gap in social science literature on how the health care concerns of Aboriginal women are being met by UAHCs. The research aimed to give voice to Aboriginal women by asking them whether the appropriate professional services and educational programs they need to address their health care needs were being provided in the inner city. A case-study approach was used whereby three separate focus groups were conducted with Aboriginal women who were clients of the Vancouver Native Health Society (VNHS), its sister organization, Sheway, or residents of Vancouver’s Downtown Eastside (DTES). In addition, 25 semi-structured interviews were conducted with VNHS staff, health providers, government representatives, and community leaders in health care (total n=61). The findings indicate that despite efforts from various quarters to articulate the health and social concerns of the country’s marginalized populations, such has not been the case for Aboriginal women living in one of Canada’s most prosperous cities. Many Aboriginal women expressed a strong desire for a Healing Place, based on a model of care where their health concerns are addressed in an integrated manner, where they are respected and given the opportunity to shape and influence decision-making about services that impact their own healing.
Annotated Overview of Research on Aboriginal Women, Health and Healing

Research study sought to answer questions that are important to Aboriginal women’s health and wellness because it relates to identifying aspects of health and wellness that are unique to Aboriginal women. In Project I, 125 Aboriginal women completed a 49-item questionnaire designed to assess their health status across four dimensions (i.e., physical, mental, emotional, spiritual), their health and wellness concerns, their access to health care services in the mainstream and in the Aboriginal community and most importantly, their thoughts on what “wellness” means to them. In Project II, the primary focus was on identifying aspects of wellness, health concerns across the same four dimensions, and documenting Aboriginal women’s stories about their experiences with the health care system. Ten Aboriginal women who did not complete the survey questionnaire were interviewed and asked questions relating to their health experiences, needs and concerns. The results indicate that Aboriginal women face health problems that are not common to non-Aboriginal women and current health care services do not adequately meet their needs. These results are discussed in terms of acculturation theory. Elder consultation also provided information for the inclusion of traditional knowledge in the analysis. The interview results were analyzed for relevant themes in relation to the survey data, current services and traditional knowledge (Author abstract).

Keywords: Aboriginal Women/Basic Physical Needs/Healing/Health/meaningful Work and Service to Others

Abstract: Addresses the gap in social science literature on how health care concerns of Aboriginal women living in marginalized areas of metropolitan cities are being met by Urban Aboriginal Health Centres (UAHCs). A case-study approach was used in which focus groups were conducted with Aboriginal women clients of either the Vancouver Native Health Society (VNHS), its sister organization, Sheway, or who were residents of the DTES (Downtown Eastside). Interviews were also conducted with VNHS staff, health professionals, and community leaders on health care issues in the Vancouver area. Aboriginal women highlighted issues of access including the need to focus on Aboriginal women’s specific health concerns and greater culture-based programming (including traditional healing methods and therapies). They also raised support service issues like the need for access to parenting support and education programs, access to professional dental care, etc. Health service providers and administrators also brought up concerns about the way regionalization was affecting the delivery and control of Aboriginal health services and programs in the DTES. The report concludes with recommendations for an ongoing process of integrating the voices of Aboriginal women, who are the experts on their own health care needs, into future planning, policy development and program delivery models (CWHN Abstract).


Abstract: Aboriginal women suffer the effects of marginalization in every area of their lives. Profound effects have particularly been noted in their health and wellness status. Yet little research has been conducted to unravel the complex array of variables that affect their health and wellness. Research that has been conducted either medicalizes their experiences in a Western fashion, so that little is still known about the actual lived experience of health and wellness for Aboriginal women. This research study sought to answer questions that are important to Aboriginal women’s health and wellness because it relates to identifying aspects of health and wellness that are unique to Aboriginal women. In Project I, 125 Aboriginal women completed a 49-item questionnaire designed to assess their health status across four dimensions (i.e., physical, mental, emotional, spiritual), their health and wellness concerns, their access to health care services in the mainstream and in the Aboriginal community and most importantly, their thoughts on what “wellness” means to them. In Project II, the primary focus was on identifying aspects of wellness, health concerns across the same four dimensions, and documenting Aboriginal women’s stories about their experiences with the health care system. Ten Aboriginal women who did not complete the survey questionnaire were interviewed and asked questions relating to their health experiences, needs and concerns. The results indicate that Aboriginal women face health problems that are not common to non-Aboriginal women and current health care services do not adequately meet their needs. These results are discussed in terms of acculturation theory. Elder consultation also provided information for the inclusion of traditional knowledge in the analysis. The interview results were analyzed for relevant themes in relation to the survey data, current services and traditional knowledge (Author abstract).

Keywords: Medicine/Aboriginal Women

Abstract: A Dene Elder, George Blondin, overviews Dene stories and presents their laws regarding medicine, social, political and spiritual life. The explicit analysis he offers frames what a medicine man or woman can and cannot do and is very helpful in understanding the Dene cultural milieu.


Abstract: In this autobiographical memoir, Boyd, a Cree/Blackfoot Métis American who works in the development and production of programming for television and film, comes to terms with her childhood by portraying six generations of her family. Her evocative stories about the lives of her great-grandmother, Margaret; her grandmother, Anne, and her mother, Siversong, are poetic and thought-provoking. “It would not be an overstatement to say I was often in awe of them,” the author writes, “when I considered the courage, determination, and spirit that not only enabled them to survive... but to go that one step
further." Boyd tells about prejudice against Native Americans, physical abuse, and the cultural destruction of her people. While researching this work, she discovered that both her grandmother and mother had sworn vows of silence to protect her. Her stories about the endurance of these women give readers a strong model of a family determined to survive (Copyright 1996, Reed Business Information, Inc.).


Keywords: Adequate Power/First Nations/ Health/Health Care/Legal Issues

Abstract: A timely series devoted to examining legal issues in Aboriginal health. These legal issues have received little attention in the past, and thus this series is a much-needed and informative response. Readers can expect discussion of a number of topics, including the Crown's fiduciary duty, international law and the indigenous right to health, intellectual health property, and traditional medicine.


Keywords: Basic Physical Needs/Health/ Health Care/Racism/Women's Health

Abstract: Health care encounters are important areas for study because they reflect social, political, economic, and ideological relations between patients and the dominant health care system. This study examines mainstream health care encounters from the viewpoint of First Nations women from a reserve community in northwestern Canada. Perspectives from critical medical anthropology and the concept of cultural safety provided the theoretical orientation for the study. Critical and feminist ethnographic approaches were used to guide in-depth interviews conducted with ten First Nations women. Findings were organized around two broad themes that characterized women's descriptions of "invalidating" and "affirming" encounters. These narratives revealed that women's encounters were shaped by racism, discrimination, and structural inequities that continue to marginalize and disadvantage First Nations women. The women's health care experiences have historical, political, and economic significance and are reflective of wider postcolonial relations that shape their everyday lives.


Keywords: British Columbia/First Nations/ First Nations Women/Health Care/ Research/Work

Abstract: This investigation of First Nations women's encounters with mainstream health care services was carried out in a small reserve community in northern British Columbia. A qualitative research design was used, comprising a series of two interviews each with ten First Nation women. Women described their encounters with health care services under broad categories of invalidating or affirming. Although this report examines invalidating encounters in greater detail than affirming encounters, the discrepancy reflects the emphasis provided by the research participants. Both types of encounters are described along with their influences, and policy implications are raised and listed in the authors' conclusions. The women's stories may be read as illustrations of the broader social, economic and political forces at work influencing the lives of First Nations women in relation to the dominant social systems. A second phase report on this research will examine in greater detail recommendations for change and possible alternative strategies to address the issues raised in this phase (Executive Summary).


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/British Columbia/Canada/First Nations/Health/ Health Care/Racism/Safety and Security/ Women's Health/Women with Addictions

Abstract: This paper is based on the author's practicum placement at the Northern Secretariat of the BC Centre of Excellence for Women's Health. Under the supervision of the Northern Secretariat Coordinator, the author (1) defined and developed a viable research question in women's health; (2) identified and assessed the relevant literature; and (3) provided recommendations for further research. The author synthesized the material to explore racism in health care which a primary focus on the ways in which First Nations women who misuse substances are triply marginalized in the health care system and the implications for these women.


Keywords: Aboriginal Peoples/Adequate Human Services and Social Safety Net/ Canada/Healing/Health
Abstract: Includes the Canadian Medical Association’s submission to the Royal Commission on Aboriginal Peoples, a background paper on the health of Aboriginal peoples, CMA resolutions on Aboriginal health from 1990 to 1993, and a report on a CMA Workshop on Aboriginal health.


Keywords: Health Care/Racism/ Women’s Health

Abstract: American Indian women experience health inequities within the physical, mental, and spiritual realms. Although the purpose of this study was to examine mammography decision-making processes among Native women in the northeastern United States, the role of Native identity in health care decision making in general was identified as significant and is therefore being reported independently. The findings of a grounded theory study with 20 American Indian women formed the basis for an examination of the complexities surrounding identity and health care decision making. The theme of Connecting to Nativeness reflects the individual and communal influences of Native identity on women’s health and health care decisions. Implications for researchers and clinicians, including the relationship between historical events and current constructions of identity, the fluid nature of identity, and the impact of racism on health care decisions, are addressed (Journal Abstract).


Keywords: Health/Health Care/History/ Traditional Health

Abstract: In this article, I report a component of a qualitative grounded theory study on health care decision making of American Indian women (AIW) residing in the northeastern United States. Analysis was based upon data collected from 20 women who self-identified as American Indian. Taking care of self was a primary factor influencing health care decisions among this sample of AIW. As women moved between their Native, traditional health practices and conventional Western health practices, efforts toward taking care of self were especially salient. The properties of taking care of self include knowing family history; balancing mind, body, and spirit; understanding the body; and integrating natural practices. I also address some implications of the study findings for practitioners working with Native women (Journal Abstract).


Keywords: First Nations/Spirituality and A Sense of Purpose

Abstract: The stories of Native women Elders Sarah Simon, Dr. Jessie Sauliteaux, Gladys McCue Taylor, Gladys Taylor Cook, and Vi Smith, as told to Joyce Carlson and Alf Dumont. The stories weave the women’s Native spiritual traditions with Christian ones.


Keywords: Education/Health/Research/Work

Abstract: Development of policy, in this instance health policy, must engage meaningful and empowered Aboriginal participation to be successful. Although this is an older article, it remains useful for the author’s insights, which have been developed further in her later work on participatory research.


Keywords: First Nations/Health/Manitoba

Abstract: The report provides First Nations communities and organizations in Manitoba with the results of a Regional Health Survey that is meant to be useful for program planning and policy development purposes. Key variables are described in graphic form with the intent of making the results of the survey more accessible to the widest possible audience in First Nations communities. The report reflects on many health aspects experienced by Manitoba Aboriginal women.


Keywords: Education/Health/Health Care/ Native Americans

Abstract: Native Americans, the smallest racial minority in the United States, comprise the fastest growing ethnic group and have a myriad of social and health problems. Women play an important role in health care practices and decision making in this community because many tribes are matrilineal. Practice, education, and research strategies should include identification of beliefs and practices specific to the clan or tribe because there is
wide variance in values, lifestyles, and taboos from tribe to tribe. Traditional healers, Native American storytelling, and talking circles can be incorporated into the health care of urban Native American women and their families (Journal Abstract).


Keywords: Culture/Healing/Health/Health Care/History/Lead/Medicine/Work

Abstract: When Nancy Gibson set out in 1994 to understand the work of healers in a traditional society, she said goodbye to Alberta’s well-funded scientific establishment and bought an airplane ticket for Sierra Leone, a small, diamond-rich country on the Atlantic coast of Africa. She had lived there in the early 1970s as a volunteer with the international development organization CUSO. She was a young nurse then, with five children in tow and a world to save. Twenty-three years later, she was a doctoral student returning to study the potential for collaboration between Western medicine and the self-styled healers sought out by the sick in villages across the country. That encounter and others with healers in Sierra Leone gave Gibson critical insights into the strengths and durability of the country’s indigenous health system, which is based on community need, available resources and local learning. Today, at 63, with a youthful face under a shock of white hair, she lives in Edmonton and is the lead researcher in a Canadian network that is investigating Aboriginal and northern health issues. Her work is an exploration of the organic connection between health and community and of the contrast between traditional knowledge and a medical system that advances on the basis of abstract numbers and linear cause and effect. Why, she asks, do we place so much faith and so many resources in lab science and health practices that exclude such factors as culture, history, spirituality and the traditional knowledge and coping mechanisms of communities?


Keywords: Canadian Women/Health/Health Care/Medicine/Women’s Health

Abstract: We sought to understand the subjective reports of women’s health concerns. A randomly dialed telephone survey was conducted resulting in a sample of 458 women (Caucasian/European = 302, Native/Aboriginal = 81, Black = 75), aged 18-81. Women were asked in an open-ended format to list their three top health concerns for themselves and then for Canadian women. Responses were recorded verbatim and categorized into one of nine mutually exclusive health concern categories. The three main health concerns for Canadian women were: Psychosocial Issues, Other Specific Illnesses, and Cancer. The three most important personal health concerns were Psychosocial Issues, Other Specific Illnesses, and Heart and Related Diseases. Few ethnic differences were noted. Results suggest that it is important to recognize and attempt to alleviate health concerns about stress and depression, which are not usually considered as being major health problems by health care professionals (Journal Abstract).


Available Online: http://www.cewh-cesf.ca/PDF/pwhce/sharing-stories.pdf

Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Adequate Power/Canada/Culture/Family Violence/Healing/Health/Health Care/Life-Sustaining Values, Morals, and Ethics/Social Justice and Equity/Well-being/Women’s Health

Abstract: This report, “Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women’s Health Project,” presents a broad historical overview of Aboriginal women’s health issues, a review of pertinent and current resources, and recommendations on how to address and improve the health of Aboriginal women in Manitoba and Saskatchewan. The authors of the study are both First Nations women and are familiar with the many health and social issues facing Aboriginal women. Health and health issues for Aboriginal women are complex issues. Constitutionally, the federal government has exclusive jurisdiction for “Indians.” Medical Services Branch is mandated to deliver health services to First Nations people. However, for Aboriginal people who are not on federal reserve land, there are jurisdictional battles for who pays for which health care services, frequently at the cost of the health of the people. Furthermore, the history of colonization in this country has severely affected the health and well-being of Canada’s indigenous people and women in particular. The imposition of European values caused Aboriginal women to lose their economic status, language, community rights, culture, and traditional roles as healers and leaders. The high incidence of family violence against Aboriginal women is seen as one of the most tragic results. Set in the context of an historical overview, the report includes a selected literature review. The researchers also surveyed nearly 100 women, including...
Annotated Overview of Research on Aboriginal Women, Health and Healing


Abstract: Constance Deiter unveils the stories of women and men who attended residential schools in Saskatchewan. Using personal interviews and reflections, she exposes the intergenerational impact these schools have had on First Nations people.

Keywords: Women/Men/First Nations


Abstract: The demographic and socioeconomic profile of medical school classes has implications for where people choose to practice and whether they choose to treat certain disadvantaged groups. The authors aimed to describe the demographic and socioeconomic characteristics of first-year Canadian medical students and compare them with those of the Canadian population to determine whether there are groups that are over- or underrepresented.

Furthermore, they wished to test the hypothesis that medical students often come from privileged socioeconomic backgrounds. As part of a larger Internet survey of all students at Canadian medical schools outside Quebec, conducted in January and February 2001, first-year students were asked to give their age, sex, self-described ethnic background using Statistics Canada census descriptions and educational background. Postal code at the time of high school graduation served as a proxy for socioeconomic status. Respondents were also asked for estimates of parental income and education. Responses were compared when possible with Canadian age-group-matched data from the 1996 census. Although there were more people from visible minorities in medical school than in the Canadian population, certain minority groups (i.e. black and Aboriginal people) were underrepresented, and others (Chinese, South Asian) were overrepresented. The authors’ findings support the notion that Canadian medical students differ significantly from the general population, particularly with regard to ethnic background and socioeconomic status.

Keywords: Critical Learning Opportunities/medical students


Abstract: This article describes a case study examining the effects of participating in a health promotion project, one aspect of which was a health assessment conducted using participatory action research. The study was carried out over 2.5 years in a project for older Aboriginal women (hereafter known as the grandmothers). Participation in the project and health assessment contributed to a number of changes in them, which were categorized as cleansing and healing, connecting with self, acquiring knowledge and skills, connecting within the group, and external exposure and engagement. This experience demonstrated an approach to health promotion programming and conducting a health assessment that was acceptable to this group of people and fostered changes congruent with empowerment.

Keywords: Aboriginal Women/Cultural Integrity and Identity/ Empowerment/Healing/Health/Life-Sustaining Values, Morals, and Ethics/Spirituality and A Sense of Purpose/Research


Abstract: This inquiry is a case study of the utility and appropriateness of participatory action research both as a research methodology and as an intervention for health promotion. In the study, I examined the effects of participating in a health promotion project, one aspect of which was a participatory health assessment. I also described in detail the experience of using participatory action research to conduct the health assessment. The study was carried out over 2.5 years in a health promotion project for older, urban, Aboriginal women (hereafter known as the grandmothers) sponsored by the local community clinic. The overall purpose of that project was to examine the health needs of those women and respond through health promoting programming. The grandmothers were the central participants in the study. Participation in the project and health assessment contributed to a number of changes in them which I have categorized as: personal cleansing and healing; connecting with self; acquiring knowledge and skills; connecting within the group; and external exposure and engagement. ‘Participation’ was identified as the central influence on the outcomes, ‘action’ as a theme interwoven throughout, and ‘opportunity’, ‘encouragement’, and ‘mediation’ as key characteristics of the project and research.
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Moreover, in light of such developments as the transfer of control over health care services to Aboriginal women (hereafter known as the grandmothers). The overall purpose of the project was to study the women’s health needs and respond through health promotion programming. The experience of using participatory action research revealed a number of lessons, including challenges and points of tension, and determinants and indicators of success. The research team identified some implications for consideration by others interested in participatory action research.


Keywords: Aboriginal Women/Critical Learning Opportunities/Health/Women’s Health

Abstract: Participatory action research is evolving as both a research methodology and an intervention for health promotion. Here we describe its use in conducting a health assessment as part of a larger project for older Aboriginal women (hereafter known as the grandmothers). The overall purpose of the project was to study the women’s health needs and respond through health promotion programming. The experience of using participatory action research revealed a number of lessons, including challenges and points of tension, and determinants and indicators of success. The research team identified some implications for consideration by others interested in participatory action research.


Keywords: Aboriginal Women/Basic Physical Needs/Canada/Canadian Women/ Education/Health/Health Care/Health Determinants/ Medicine/Social Support/ Traditional Health/ women/Women’s Health

Abstract: In this paper I seek to identify and understand the key issues, concerns and trends currently affecting the health of Aboriginal women in Canada. Adopting a ‘population health’ approach, I argue that Aboriginal women’s relatively poor health status (when compared to that of non-Aboriginal Canadian women) can only be understood in the context of a range of health determinants, including socioeconomic status, education and employment conditions; social support networks; physical environment; healthy child development and access to health services. Although Aboriginal women are often faced with highly unfavourable personal circumstances, they are seeking to effect positive change in their health status by drawing upon the strength afforded by Aboriginal feminism and traditional health frameworks. Moreover, in light of such developments as the transfer of control over health care services to Aboriginal communities, as well as the growing acceptance on the part of mainstream medical and policy communities of the value of traditional forms of medicine, there is reason for cautious optimism regarding the future direction that Aboriginal women’s health will take in this country. However, for Aboriginal women to achieve their full health potential there must be a sustained commitment on the part of all concerned parties, including women and men as well as health care providers and governments to tackle not merely the effects of ill health, but also its underlying causes (Author Abstract).


Keywords: Aboriginal women/adequate power/canada/disabilities/Education/health/justice/ research/Women with Disabilities

Abstract: Reviews the literature on current and emerging policy issues as they affect, and are of concern to, Canadian Aboriginal women. Dion Stout and Kipling provide a profile of Aboriginal women in Canada, and an analysis of literature on Aboriginal women on the topics of education, health, and residence. The report provides suggestions for future areas of study. These include research into the living circumstances of Métis and off-reserve Aboriginal women, Aboriginal women with disabilities, Aboriginal women and justice, and Aboriginal women and economic development.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Critical Learning Opportunities/Health

Abstract: Provides an overview of key health and health-related indicators for Aboriginal women in Canada. Presents a critical review and synthesis of research and other initiatives on Aboriginal women’s health undertaken or funded by the Centres of Excellence for Women’s Health. Reports on the proceedings of the National Workshop on Aboriginal Women’s Health Research, held in Ottawa in March 2001. Presents recommendations to serve as the basis for priority-setting in future Aboriginal women’s health research activities (CWHN Abstract).


Keywords: Aboriginal Women/Critical Learning Opportunities/Health
Abstract: Summarizes the report written for the Centres of Excellence for Women’s Health entitled “Aboriginal Women’s Health Research Synthesis Project: Final Report,” available online at http://www.cwhn.ca/resources/synthesis/synthesis-en.pdf. The author identifies key health issues currently facing Aboriginal women in Canada and argues that despite unfavourable circumstances, these women are seeking to effect positive change in their health status by drawing upon the strength afforded by Aboriginal feminism and traditional health frameworks (Dion Stout, 1997).


Keywords: Aboriginal peoples/Aboriginal women/canada/critical learning opportunities/women’s health

Abstract: This report looks in general at health services, administration of health services, medical policy and its implications for Aboriginal peoples and their health, hygiene and access to medical care. Some reference is made to Aboriginal women’s fears about health services transfers, access to health and the impact of low educational attainment on Aboriginal women’s health as well as a brief look at the social environments of Aboriginal women.


Keywords: Aboriginal Women/Health/women’s Health/women/Social Conditions

Abstract: Two narratives define Aboriginal women and healthy living: hard evidence documents our poor health status while soft logic passes us off as primary health guardians. Understanding this tension requires an insight into the health and social disparities we experience and a description of the linkages between these realities and healthy living policies. Key demographics, biological indicators, lifestyle behavioural issues and social conditions that aggravate Aboriginal women’s health have to be weighed against the totality of our environments and our desire and potential to contribute as health guardians. Ultimately, “healthy living” for Aboriginal women depends, to a great extent, on meaningful, appropriate and responsive policies.


Keywords: Aboriginal women/diabetes/education/health/research/well-being

Abstract: Compared to other Canadians, Aboriginal people suffer disproportionately from manageable Type 2 diabetes and its complications. In an attempt to help better manage the disease, the West Side Community Clinic launched a monthly outreach education program for Aboriginal people with diabetes using an informal hands-on approach to learning about meal planning and looking at other forms of diabetes management. The purpose of this qualitative research project is to determine the impact that participants perceive the program has had on their health and well-being through group and individual interviews. Preliminary results reveal that the program’s impact on participants’ health and well-being is embedded within the context of their lives. Possible outcome indicators for the program are suggested (Author Abstract).


Keywords: Healing/Health/History/Métis Women/women

Abstract: Life histories of two women are presented in this thesis. The life histories were collected using oral history methods of individual open-ended interviews. The first was gathered from a Métis woman named Mary L. The second life history was collected from a woman named Mary Holdgrafer. Mary H. is a breast cancer survivor, she used quilting as a means of healing and expression following her diagnosis of breast cancer. Most of the information collected from Mary H. is about her experiences with breast cancer and her healing process. In addition to collecting two life histories I conducted two focus groups with four other women who also used quilting as a way to heal themselves and express their feelings about breast cancer. The focus groups were conducted to investigate the similarities and differences between the experiences of the focus group participants and Mary Holdgrafer. All the stories presented in this thesis are tied together by the fact that the women who were interviewed all had the experience of being marginalized by a western institution (Author Abstract).


Keywords: culture/gender/Aboriginal women

Abstract: Four Native American women living in the majority culture were interviewed in a qualitative study, using snowball sampling, to explore their experiences concerning the meaning of being Native and of being Native women. A constant comparative qualitative analysis revealed four themes reflecting the
women’s experiences: “otherness”; conflicting dominant and Native cultural messages; Native traditions as strengths, particularly as taught by female Elders early in life; and the formation of positive gender and ethnic identities (Journal Abstract).


Keywords: Aboriginal peoples/Aboriginal women/adequate human services and social safety net/adequate power/First Nations reserves/gender/health/health beliefs/socioeconomic determinants

Abstract: The intent of this report is to describe health promoting behaviours, such as engaging in more physical activity, positive dietary changes and nutrition, quitting smoking, and stopping drinking for a time, as positive attributes of First Nations peoples. To understand the contribution that social determinants can make to positive health behaviors, the paper investigates these health-promoting behaviors in relation to age, gender, socioeconomic status, economic security, social conditions, and health behaviours.


Keywords: Basic Physical Needs/Canada/Health/Housing/Manitoba

Abstract: The needs assessment of people with disabilities living in First Nations communities in Manitoba identified socioeconomic issues, health services, housing and transportation issues and provides comparative analysis of data between northern and southern communities.

Notes: This project was made possible with funding under the AHRDS initiative, Human Resources Development Canada.


Keywords: Canada/Education/Healing/Medicine

Abstract: The author uses the story of her life and experiences in an Indian residential school combined with other women’s stories to demonstrate storytelling as a healing mechanism. Secondly, she documents Native teaching methods using the medicine wheel. Finally, she uses the contemporary figures of the Ninja Turtles to blend the traditional Western educational concepts with the objectives of the Native medicine wheel. The author, who is also known as Poh-ska-ki, is a Blackfoot woman from the North Peigan Blackfoot Tribe.


Keywords: Critical Learning Opportunities/Youth

Abstract: The study chronicles the decade-long friendship between two unexpected friends: a researcher/educator and an Aboriginal youth, who describes herself as an “adventurous teenager in spirit.” In a shared narrative between “Megan” and myself, I investigated what it means to be a female youth with a disability. Using narrative methodology, I taped conversations while the participant was attending Grade 11 and Grade 12. The two types of data that appear are text from the interviews themselves and the emerging story from the participant’s reflections upon the text. Through short stories, poems, songs, and plays, Megan conveys her realities and life experiences. The themes arising include: resilience, freedom, and feminine desires, disabilities, and youth identity. The study emphasizes the self-determination of youth with disabilities in both content and methodology as the participant collaborated in co-editing and analyzing her own words. A forum is provided for a currently marginalized voice to be heard and empowered.


Keywords: Gender/Native women/women

Abstract: This thesis describes and interprets the lives and stories of a group of Native women in a Northern Alberta Reserve community. It seeks to explore the specific experience and current realities faced by these women, with particular attention to the impact of colonial processes. Informed by a materialist feminist perspective, the analysis emphasizes emic perspectives and definitions of the concepts of gender, class, status, race and feminism. Through the use of first person narrative, insights on topics of kinship, marriage and reproduction, spirituality, addictions and domestic violence are presented. The use of narrative and storytelling, in conjunction with an examination of material social and economic conditions, allows for a more specific analysis of the particular experiences of this group of Native women within a relevant context. In addition, it allows for an exploration of the question of Native
feminism as a philosophy distinct from that of mainstream Anglo-feminism.


Keywords: health/Native women/research

Abstract: Health meanings, in the form of health conceptions, influence health actions and health promotional activities. Using the strategies of in-depth interviewing and participant observation, health meanings are explored among urban Native women. Analysis demonstrates that for the women involved in this study, their primary health conception is an integrated understanding, of “health as how you live your life.” Blended into the integrated conception are concepts of balance, “ideal self,” and “shadow self.” The latter two concepts are used by the women in this study as measures or indicators of health as they question their health in relation to their bodies, their actions, their feelings, and their visions or goals. In addition, a number of contexts shape the meaning of health for the research participants. As such, multiple contexts are important considerations in how the women enact their health actions.


Keywords: Aboriginal peoples/Aboriginal women/canada/cervical cancer/children/culture/diabetes/disabilities/family violence/health/men/suicide/women’s health

Abstract: In traditional Aboriginal cultures, women are considered to be the givers of life, and traditionally this role in the family was highly respected. However, many Aboriginal women face greater risks of complex health issues in a variety of areas than do women in the general population (Statistics Canada, 1998), and this increased risk is partly attributable to their marginalized position in society and rapid change within their cultures (Indian and Northern Affairs Canada, 2000). For example, the life expectancy of Aboriginal women is significantly shorter than that of non-Aboriginal women (Statistics Canada, 1998). The suicide rate for Aboriginal adolescent girls is eight times the national average. The diabetes rate among Aboriginal peoples is ten times the Canadian rate, and is generally higher for women than men (Young, Reading, Elias, & O’Neil, 2000). Rates of cardiovascular (Anand & Tookenay, 2001) and respiratory diseases (Young, 1998), disability, infections, and mental health problems are all higher among Aboriginal women than in women in general. Aboriginal women suffer higher rates of cervical cancer (Marrett, 1998), sexually transmitted disease (Health Canada, 1999c), and cirrhosis of the liver than do their non-Aboriginal counterparts. A number of Aboriginal women and children are driven to relocate owing to domestic violence and lack of support, particularly in remote and isolated communities across the country (National Clearinghouse on Family Violence, 1997). The marginalized socioeconomic status of many Aboriginal women results in detrimental lifestyles, unsafe environments, and overcrowded housing. These conditions have an impact on the life chances and health status of many Aboriginal girls and women (Indian and Northern Affairs Canada, 2000) (From Overview).


Keywords: Aboriginal women/basic physical needs/culture/diabetes/family violence/health/health risks/suicide/ women’s health

Abstract: In traditional Aboriginal cultures, women are the givers of life, and this role is highly respected. Unfortunately, today many Aboriginal women face greater health risks than women in the general population. The following presents a review of Aboriginal women’s health status in Ontario, with particular focus on causes of mortality and morbidity; namely the incidence and prevalence of heart disease, diabetes, suicide, cancer, depression, substance use, and family violence in comparison to women of Ontario more generally.


Keywords: Aboriginal women/basic physical needs/health

Abstract: Provides a summary of the general situation of Aboriginal women’s health in Quebec. Includes discussion on all social determinants, as well as the underlying determinants to the use of health services. Also looks at the diversity of Aboriginal women and how this impacts health status (CWHN Abstract).


Keywords: First Nations/health/native women

Abstract: Quebec Native Women (QNW) is a non-profit organization representing over 3,000 women from Quebec First Nations, whether or not they live on reserves. Since it was founded in 1974, the QNW has worked extensively on the political and socioeconomic fronts, focusing particularly on justice, the promotion of non-

Keywords: British Columbia/First Nations/health

Abstract: This volume describes health issues among First Nations people living in British Columbia. The first chapter details the impact that introduced European diseases had on many facets of Aboriginal life. Later chapters provided detailed statistical and empirical accounts of the health gap between Aboriginal populations and the non-Aboriginal population through attempts to deal with basic inequalities. The increased incidence of chronic diseases is detailed. As well various projects that are designed to deal with Aboriginal health issues in a culturally sensitive manner are described.


Keywords: Canada/children/education/health/youth

Abstract: This study examined the relationships between habitual physical activity and self-referent thought among Native and non-Native grade 9 students in Southern Ontario. The Habitual Activity Estimation Scale (HAES) and the Children’s Self-perception of Adequacy in and Predilection for Physical Activity (CSAPPA) scale were administered to 74% of eligible Native students (13M, 13F) and 87% of eligible non-Native students (65M, 65F). All were attending the same secondary school, adjacent to the Six Nations (Mohawk/Cayuga) reservation. Natives and non-Natives differed (P < .01) with respect to physical activity levels, predilection for physical activity, and enjoyment of physical education, with Native students reporting less physical activity than the non-Native group. There were no significant differences in perceived adequacy between the two groups. Further investigations are needed to determine how far these results can be generalized to less prosperous Native bands in other parts of Canada and the U.S. Nevertheless, it appears that physical educators should develop culturally appropriate interventions to increase physical activity among Native youth, in consultation with Native leadership (Journal Abstract).


Keywords: Aboriginal Women/Canada/First Nations/Health/women

Abstract: Health Canada’s role is to foster good health by promoting health and protecting Canadians from harmful products, practices and disease. A number of services and programs are focused to decrease health status disparities between Aboriginal people and other Canadians. In 1996, the female Aboriginal population was 408,140, comprising roughly 51% of the total Aboriginal population in Canada. Aboriginal populations (First Nations, Inuit, and Métis as well as non-Status First Nations) have a noticeably different age structure than the non-Aboriginal population of Canada. While the general Canadian population has been aging at a progressive rate, the Aboriginal populations exhibit a youthful structure. Nearly 42% of the female Aboriginal population is between the ages of 0 to 19. The health of Aboriginal women has improved considerably over the past few decades, yet significant inequities remain in relation to the general population.


Keywords: adequate human services and social safety net/culture/First Nations/gender/safety and security/sexual abuse

Abstract: Explores interpersonal violence and the addiction experiences of First Nations women, and investigates these in the context of the renaissance of First Nations cultural movements. The authors also sought to create a discourse about recovery that embodied and reflected the life experience of First Nations women who had experienced childhood sexual abuse and addictions. Six women (aged 25-53 yrs) participated in this study which used an exploratory, emancipatory, feminist qualitative research design to elicit data through interactive audio-taped interviews. After the first interview, feedback was provided on their responses and the participants were given the opportunity to request changes. The six stories were translated into four emergent themes, alcohol abuse and addictions, sexual abuse, recovery process, and gender issues, with ten subtexts. A third contact was made with four of the six participants in order to obtain feedback on the themes used to summarize the data. Gender and culture were central considerations in the women’s recovery (PsycINFO Database Record (c) 2003 APA).

Care in Canada (pp. 221-265). Toronto, ON: Harcourt Brace.

Keywords: Canada/health/health care

Abstract: Anishnawbe Heath Toronto, an urban Native health centre, explicitly builds its policies and practices on a holistic foundation that values the coexistence of conventional biomedical and traditional approaches. The holistic view is presented diagrammatically in images of concentric circles depicting the organizational structure of the centre. Holism is represented as a circle, “a control principle through balance,” that eschews opposition and duality. The significance of gender-based policy analysis is stressed and the power of this approach to have a direct impact on policy is illustrated.


Keywords: Aboriginal Peoples/British Columbia/ Cultural Integrity and Identity/ Healing/Health/ Traditional Health

Abstract: With a phenomenal expected growth in the Canadian Aboriginal population and the fact that less than 1% of Canadian health professionals are of Aboriginal ancestry, there is an increased need for culturally competent health professionals. This article explains diverse healing traditions and links those traditions to holistic nursing practice. Respect for culturally sensitive care is necessary for understanding Aboriginal peoples in different contexts. We suggest that nursing practice, which takes into consideration the understanding of Aboriginal healing traditions, strengthens the intention of nurses to be holistic. Holism in nursing allows the profession to be on the forefront of understanding Aboriginal healing traditions; the linking of holistic nursing practice with Aboriginal healing traditions offers a foundation on which to build culturally competent care.


Keywords: Aboriginal Women/gender/ health/ older women/social support/ women/women’s health/work/research/men

Abstract: This study presents a broad overview and synthesis of the recent research literature on the major psychosocial influences on women’s health. Part 1 reviews the variability of health among women, with a particular emphasis on diversities in health according to women’s major social roles of partner, parent and worker. The context within which social roles are carried out, particularly the socioeconomic context, is identified as a critical factor. While research examining women’s health within the context of both social roles and material circumstances have produced complex findings, the research reviewed in this study clearly suggests that to appropriately document and understand the variability of health among women, attention to the particular circumstances of women’s lives is required. This point is further highlighted in sections describing the health issues of older women, Aboriginal women, and immigrant and refugee women. Part 2 begins with a review of the research on differences between men and women on various indicators of health and ill health. Frequently mentioned throughout the literature is the apparent paradox in women’s and men’s health: men’s higher rate of mortality and women's higher rate of morbidity. Recent evidence demonstrating the complexity and variability of gender differences in health is reviewed, suggesting that broad generalizations about health-related gender differences are inappropriate. As a means of clarifying more fully the significance of gender as a determinant of health, gender is examined as it interacts with other social characteristics associated with health and disease, such as socioeconomic status, paid and unpaid work, exposure to stressors, and social support. The research that attempts to explain gender-related differences in health is also examined, among which social role explanations dominate. Possible reasons for the diminishing longevity advantage of women over men in recent years also are discussed. While the number of studies concerning women’s health has multiplied in recent years, this review of the literature identified a number of general gaps in knowledge, particularly with respect to the Canadian context (Adapted from the Executive Summary).


Keywords: Aboriginal Women/Australia/ Canada/Culture/Gender/History/women

Abstract: This study examines how Aboriginal women’s lifestorytelling in Canada and Australia engages in the processes of decolonization and how its potential for transformation can be realized through anti-racist feminist criticism and pedagogy. Chapters One through Three locate Aboriginal women’s lifestorytelling practices within the processes of white nation building.


Keywords: Health/Health Care/Northern Communities

Keywords: Aboriginal women/adequate human services and social safety net/ Canada/health/prevention

Abstract: While this report does not focus entirely on Aboriginal women, it does focus on the critical issues facing Aboriginal people generally in achieving good health. The paper addresses questions regarding what is known about the delivery of population health, health promotion, disease/injury prevention and health protection services and programs for Aboriginal people across Canada, etc. The paper provides a general overview of the existing literature and reports as well as the expert opinion of people working at the national, provincial and territorial levels.


Keywords: health/First Nations/well-being/ government/British Columbia/children/ indigenous healing/medicine/ history/Aboriginal peoples

Abstract: Historical analysis of colonization of Aboriginal peoples in British Columbia. The author explores the ways in which Aboriginal bodies were materially affected by Canadian Indian policy, which placed restrictions on fishing and hunting, allocated inadequate reserves, forced children into unhealthy residential schools, and criminalized indigenous healing and traditional medicine.


Keywords: Culture/Elders/Oral History/ Canada/ Men/women

Abstract: This book brings together the voices and stories of sixteen Elders and traditional teachers from across Canada. This collection of stories and voices allows readers to compare the vision and experience of a generation of Aboriginal people. Today, Elders are the historians of the Aboriginal past and keepers of the cultural events and ceremonies. They are teachers, healers, and experts in survival, sharing a world view based on the knowledge that all things in life are related and are governed by natural laws. The Elders represented in this text include men and women from a variety of traditions and geographical locations.


Keywords: Aboriginal Peoples/Aboriginal Women/Adequate Human Services and Social Safety Net/Cultural Integrity and Identity/Healing

Abstract: Among Aboriginal peoples, oral histories and traditional storytelling are essential to cultural survival. In this book, thirteen Northern Aboriginal women relate their experiences as survivors of breast cancer. They speak about how they adapted to the disease, and look in particular at the ties that they have built with family, friends, and their environment. The book also examines the clashing and blending of medical technology with traditional healing methods.


Keywords: Native women/Cervical Cancer/ Breast Cancer


Keywords: Canada/Health/Health Care/ women

Abstract: Studies of doctor-patient relationships can inform health policy reform. Ethnographic methods merged with interview surveys reveal policy implications linking women’s personal experiences of health care encounters to the structures of the broader health system and beyond. Lazarus stressed the need to observe power relationships in health institution to address how policies are implicated in patients’ lack of control over their health care. This study, with Euro-American and Puerto Rican women in an American public clinic, offers methodological approaches that resonate with gender-based policy studies in Aboriginal health care in Canada.


Keywords: British Columbia/Canada/ Health/Health Care/Prevention/Women’s Health

Abstract: This study explored women’s health and the practice of public health nurses in northern British Columbia using a phenomenological methodology. Ten public health nurses in northern British Columbia were interviewed to determine their perspectives on
their practice in the area of women’s health. Findings reveal three central themes: women’s health, public health nursing practice, and rural context. Several sub-themes elaborate on the central themes. Women’s health is described in terms of women’s health needs, how women stay healthy in northern communities, and conditions that affect women’s health. Public health nursing practice is described in terms of activities, strengths, conditions, and ways to strengthen practice. Definitions of rural context are provided and some of the benefits and challenges of living and working in northern communities are presented. Health promotion and illness and injury prevention needs of women are clearly evident in the findings. Public health nurses are well placed in the North to help women meet their health care needs. However, further attention to women’s health needs and the expansion of public health nursing services would facilitate improved health for women who live in isolated northern settings. In addition, further research is needed to explicate women’s health and public health nursing practice in isolated northern settings in Canada (Journal Abstract).


Keywords: Medicine/Prevention/Aboriginal Medicine

Abstract: The paper establishes the central role of traditional medicine in Aboriginal society and the value of the Aboriginal traditional medicine framework in working toward healthy Aboriginal communities. The author examines fundamental differences between traditional medicine and western medicine and describes two conflicts challenging the successful integration of Aboriginal traditional medicine within western medicine: issues of power and the Aboriginal conceptualization of illness prevention.


Keywords: Aboriginal Peoples/Aboriginal Women/Basic Physical Needs/British Columbia/First Nations/Health/Manitoba/women/Women’s Health/Youth

Abstract: The Final Report of the First Nations and Inuit Regional Health Survey (FNIRHS) was developed from National Core Data derived from the 1997 National Health Survey of First Nations and Labrador Inuit communities. The data presented in this document represents the most current, validated health information on the First Nations in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, and the Inuit peoples of Labrador. The FNIRHS Report consists of seven thematic volumes and appendices consisting of a technical report and a description of the development process. The thematic volumes are presented in seven chapters which deal with the following topics: Children’s Health; Examination of Residential Schools and Elder Health; Chronic Diseases; The Tobacco Report; Activity Limitation and the Need for Continuing Care; Search for Wellness; and Health and Dental Services for Aboriginal People. Each thematic volume includes a literature review, as well as an analysis of core data results. Comparison of core data results with other national databases such as the National Population Health Survey (NPHS); National Longitudinal Survey of Children and Youth (NLSCY) and the Aboriginal Peoples Survey (APS) are also included wherever possible. While this report does not focus entirely on Aboriginal women, it does provide health statistics in various areas that have relevance to Aboriginal women’s health issues, concerns and needs.


Keywords: Gender/Health/Health Beliefs/Medicine

Abstract: Western health professionals often experience difficulties in service delivery to Aboriginal people because of the disparity between Aboriginal and Western health belief systems. This article reviews the literature which considers ‘traditional’ Aboriginal health beliefs and medical systems. The traditional Aboriginal model of illness causation emphasizes social and spiritual dysfunction as a cause of illness. Supernatural intervention is regarded as the main cause of serious illness. There are gender divisions in Aboriginal society that impact on the delivery of Western healthcare. Management strategies such as preventative care, bush medicine, and the role of traditional healers are discussed. These belief systems are considered with particular reference to their interactions and implications with regard to the Western medical system. This information provides a framework to allow improved understanding by health professionals of the health-related decisions made by Aboriginal people (Journal Abstract).


Keywords: Canada/Culture/First Nations/Health/Manitoba/Work

Abstract: An ethnographic study was implemented to examine quality of work life (QWL) issues of outpost nurses in northern Manitoba. Field notes were maintained during a ten-day field experience to four outpost stations...
in northern Manitoba in 1994. One- to two-hour semi-structured interviews were conducted with five Aboriginal and six Non-Aboriginal outpost nurses. Transcripts and field notes underwent content analysis to identify categories and themes. Findings indicated that outpost nursing was inundated with contradictions and conflicts. Outpost nurses perceived that positive work life factors outweighed the negative ones. They found personal fulfillment in several aspects of their work. Fulfilment was a major theme comprising the following work life categories: (1) attachment to clients; (2) learning on the job; (3) independence; (4) we do everything; (5) being the doctor; (6) variety of patient needs; and (7) providing quality care. Independence was the most significant positive work life factor. Work life issues that outpost nurses perceived negatively reflected a self-image of powerlessness, which contained the following categories: (1) isolation; (2) working and living together; (3) inadequate preparation; (4) clients’ dependence on the system; (5) massive responsibility; (6) understaffing; (7) never really off; (8) living in fear; (9) lack of support from Zone Nursing Officers; (10) conflicts with physicians; and (11) “it’s very political up here.” Understaffing, working and living together were factors that nurses perceived to strongly negatively affect their work life. Aboriginal nurses expressed that their knowledge of First Nations language and culture enhanced their practice. Non-Aboriginal outpost nurses demonstrated scepticism over authenticity of clients’ health problems. Aboriginal nurses spoke about a long-term commitment to outpost nursing: Non-Aboriginal nurses viewed outpost nursing as a short-term experience. Aboriginal nurses participated in group and community activities while their non-Aboriginal colleagues tended to spend time off within the outpost station (Author Abstract).


Keywords: Canada/Health/women/Women’s Health

Abstract: Differences in the health of men and women can be masked in global analyses of health issues. It is important to recognize that women face different health problems, and therefore require different types of health services. This paper examines three questions as they relate to the health of status Indian women in Canada: How does Indian women’s health compare to that of other groups? What might explain the observed differences in health? And what are the implications for planning and delivering health programs?


Keywords: Canada/First Nations/health/jurisdiction/research

Abstract: To address a recurring shortage of nurses in the Aboriginal communities of northwestern Ontario, the First Nations and Inuit Health Branch, Health Canada, commissioned a study to explore the viability of establishing a relief pool among nurses from nearby small industrial towns. An open/close-ended survey completed by a random sample of 237 nurses from the target population documented levels of awareness, willingness, and preparedness for northern practice, as well as recruitment incentives and disincentives. Findings demonstrate an awareness of the overlap between the professional and personal dimensions characteristic of such practices, and suggest support for innovative rotations that would cut across federal/provincial/community jurisdictions. Although complex, given time and willingness, a regional relief system seems viable.


Keywords: Canada/Diabetes/Health/Health Care/Research

Abstract: Many of Canada’s northern First Nations communities experience difficulty recruiting and retaining appropriate nursing staff and must rely on relief nurses for short-term coverage. The latter often are not adequately prepared for the demanding nature of the practice. This study examined the consequences of nursing turnover on the continuity of care provided to residents of three Ojibway communities in northern Ontario. The findings are based on a review of 135 charts of oncology, diabetes, and mental health clients, and on interviews with 30 professional and paraprofessional healthcare providers who served the communities. Nursing turnover is shown to detrimentally affect communications, medications management, and the range of services offered; it also results in compromised follow-up, client disengagement, illness exacerbation, and an added burden of care for family and community members.


Keywords: British Columbia/Healing/Health


Coast Salish Viewpoints. Canadian Journal of Nursing Research, 36, 110-128.

Keywords: British Columbia/Canada/ Ethnocultural Beliefs/Men/Organ Donation/ Research

Abstract: A large number of Aboriginal people await transplantation, and reluctance to donate organs has been noted among Aboriginal people. The purpose of this study was to explore the values and beliefs regarding organ donation of Coast Salish people living in British Columbia, Canada. Interviews were held with 14 people (8 women and 6 men) ranging in age from 25 to 63 years. Contextual themes were: lack of trust, life in Aboriginal communities, and tension between contemporary and traditional perspectives. Themes pertaining to death and dying were: acceptance of fate, death routines/rituals, and body wholeness. Themes pertaining to organ donation were: “we don’t talk about it,” transfer of spirit, and helping others. There was considerable diversity in beliefs among participants, which suggests that the beliefs held by an individual Aboriginal person should not be assumed to reflect those of any specific Aboriginal community.


Keywords: Aboriginal Women/Adequate Power/Canada/Culture/Family Violence/ Healing/Safety and Security/Social Justice and Equity/women

Abstract: In 1987, members of the Family Violence Program at the Canadian Council on Social Development conducted interviews with women who had been abused by their husbands or boyfriends. Some were Aboriginal women who wanted others to hear about and learn from their stories. This document contains a descriptive overview of what it is like to be abused as an Aboriginal woman. It contains testimonials from five women who have survived the violence in their lives. It also contains an interview with Liza, a drug and alcohol counselor, and an Elder who talks about her process of healing. Finally, it describes new directions and initiatives that are being developed to help family violence victims and offenders. This booklet provides firsthand accounts of six Aboriginal women’s experience with abuse, both of themselves and their families, and of their culture and society. They are survivors of a violence born of despair and loss of hope all too widespread in Native communities. But they are also stories of personal strength and courage, as the concluding section on the healing process demonstrates.


Keywords: Aboriginal Women/Access to Care/ Adequate Human Services and Social Safety Net/Gender/Health/Health Determinants/ Meaningful Work and Service to Others/12

Abstract: Discusses the demographic profile of Quebec’s Aboriginal population from data provided by the 1991 Census and Indian Register. Includes a discussion of the health determinants, Aboriginal women and the Canadian constitutional framework with regard to federal and provincial responsibility for Aboriginal health, the transfer of health care responsibilities, sharing of skills, as well as the right to equality and self-government (CWHN Abstract).


Keywords: Aboriginal Women/Access to Care/ Adequate Human Services and Social Safety Net/Gender/Health/Health Determinants/ Meaningful Work and Service to Others/12

Abstract: Discusses the demographic profile of Quebec’s Aboriginal population from data provided by the 1991 Census and Indian Register. Includes a discussion of the health determinants, Aboriginal women and the Canadian constitutional framework with regard to federal and provincial responsibility for Aboriginal health, the transfer of health care responsibilities, sharing of skills, as well as the right to equality and self-government (CWHN Abstract).


Keywords: Canada/Diet/Health/Health Determinants/Sexual Abuse/Suicide/Well-being

Abstract: The population survey is an important tool in community health assessment, including the physical and psychological aspects of family health. It provides data on health status and health determinants not available from vital statistics and health service utilization. The Keewatin Health Assessment Study (KHAS), which was designed in collaboration with the Keewatin Regional Health Board (KRHB), surveyed a representative sample of the predominantly Inuit population in eight communities in the central Canadian Arctic. The entire survey included 874 individuals in all age groups, of whom 440 were children and adolescents under 18 years of age, and consisted of questionnaires, clinical examination and laboratory tests. Of the large number of variables on which data were collected, some were of particular relevance to the health of children and the well-being of the family, including: (1) Child growth and development;
(2) Nutrition and diet; (3) Social pathologies: suicide attempts and sexual abuse; (4) Oral health; and (5) Audiologic health. In addition to providing cross-sectional data, survey participants constitute a cohort which, if followed up longitudinally, can be used to determine the incidence of specific conditions and identify risk factors which promote or prevent their occurrence. An example of such a cohort study is one on acute respiratory infection. Surveys serve many functions—providing data for planning and evaluation, promoting community awareness of health issues, and addressing basic research questions. The KHAS is one of several surveys launched over the past several years which jointly will begin to provide a circumpolar perspective on the health of Inuit people (Journal Abstract).


Keywords: Fetal Alcohol Syndrome/Effects/ Life-Sustaining Values, Morals, and Ethics/ Strong Families and Healthy Child Development

Abstract: Explores how Aboriginal culture and practices help with the development and daily lives of Aboriginals living with FAS/E. Stories and articles build on Aboriginal knowledge of health and healing to explore strategies to assist people with FAS/E and celebrate and document the variety and originality of work that is being done around FAS/E within Aboriginal communities (CWHN Abstract).

81. Ontario Native Women's Association (1972). A Brief in Which Is Outlined the Condition of Native Indian people in Ontario, with a Proposal for Improvement through the Organization of Native Women in their Local Communities across the province. Thunder Bay: Ontario Native Women's Association.

Keywords: Native women/Social Conditions

Abstract: Unavailable


Keywords: Aboriginal Women/Access to Care/ Canada/Health/Inuit Women/Social Support/ women/Women's Health

Abstract: For Inuit women with cancer living in the North, treatment has typically involved multiple visits to specialized medical centres in southern Canada, and hence prolonged separation from their friends and family. In this article, the author discusses a recent program initiative in the Keewatin District of the Central Arctic that has harnessed innovative technology so that more women might receive diagnostic and therapeutic services closer to home and thereby benefit from the social support that family members and friends often provide (Dion Stout, 1997). Over the past decade, comprehensive community-based screening for cervical cancer has been provided by nurse practitioners who obtain Pap smears on all women according to published guidelines (Miller et al.). The smears are read by trained pathologists at the British Columbia Cancer Agency, where a cancer registry is maintained. Traditionally, women from the Keewatin District with abnormal Pap smears were referred primarily to Winnipeg for biopsy. Return visits to Winnipeg were arranged for those requiring further treatment. Over a two-year period, travel costs for patients in the Keewatin District who required investigation and treatment of cervical cancer exceeded $200,000. What have not been quantified, however, are the monetary and emotional costs incurred through separation of the patient from her family and community, as well as the anxiety generated by travel, delays in diagnosis, and the provision of health care by those who may be unfamiliar with Inuit culture. Although efforts are made to provide culturally appropriate care in Winnipeg, it is unknown whether these factors may have contributed to reluctance among Inuit women to seek care in the past. Compared to non-Aboriginal women, Aboriginal women in other regions of Canada have been found to have more advanced cervical disease when they are first diagnosed (Band et al.). This observation raises the questions of whether the virus acts differently in Aboriginal women, or whether there are social and cultural "barriers" to diagnosis and care for this disease (Peters et al.). Patients referred to the Churchill program included women with a new diagnosis of cervical abnormalities on Pap smear, and those with previous diagnoses of cervical disease who required follow-up. In Churchill they were enrolled in an education program, using videos, pamphlets, and counselling sessions with Inuit translators and health advocates, in order to provide information regarding the causes, diagnosis, and treatment of cervical disease. Colposcopy was performed on all patients by a visiting consultant gynecologist (Fernando Guijon) with training in colposcopy, assisted by a local family physician (Wendy Smith). The Churchill colposcopy program has brought cost-effective and culturally appropriate health care for cervical disease closer to the Inuit women of the Keewatin. However, more recent advancements in diagnostic technology since the inauguration of our program have suggested the possibility of further decentralization of care through the provision of colposcopy in a woman's home community. Portable colposcopes and electrosurgical generators are now available which can be transported to remote areas. Improved screening of women in their communities may also be achieved through cervicography. This technique involves taking sharp photographic
images of the cervix, which are then sent for review by a colposcopist trained in this procedure. Along with Pap screening, cervicography would identify women who require referral for colposcopy with or without biopsy or LLETZ electrosurgery.


Keywords: Canada/Canadian Women/ Health/ Health Care/Inuit Women/women/ Women's Health

Abstract: Discusses the health care needs of Inuit women in Canada.


Keywords: Canada/Canadian Women/ Health/ Health Care/Inuit Women/women/ Women's Health

Abstract: Discusses the health care needs of Inuit women in Canada.


Keywords: Native women/women/First Nations/ Canada/Government/Cultural Differences

Abstract: It has been argued that the 1761 treaty between the Mi'kmaq and British at Governor Belcher's farm proves that their relationship was a simple one of conqueror and conquered. This paper offers an alternative interpretation of the 1761 treaty. Through the guidance of stories told by women in my family, the paper argues that historic treaty rights must be understood within the context of relationships instead of individual or collective rights. It concludes that stories about how we, as Mi'kmaq, are to relate to one another are central to the project of nationhood.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Basic Physical Needs/Health/Research/women/ Women’s Health

Abstract: This report presents the results of a research project developed by the Saskatoon Aboriginal Women’s Health Research Committee, a group of First Nations and Metis women interested in improving health services for Aboriginal women and their families. The project used a community-based approach to begin a dialogue with Aboriginal women and service providers in Saskatoon, Saskatchewan. Information was gathered through a series of focus groups and interviews that took place in 2003. The purpose of the project was to gain a better understanding of Aboriginal women’s access to health services in the city, to identify gaps in services, and to develop a shared vision of an Aboriginal Women’s Health Centre that would meet the women’s health needs. This report provides feedback to the community of women who participated in the research project and to others interested in improving health services for urban Aboriginal women. The words of the women who participated in this project appear in bold typeface.

Abstract: The gender implications of free trade on Aboriginal women, particularly as it relates to forestry, was examined by the authors in this study commissioned by Status of Women Canada. The report focused on the experiences of First Nations women in Western Canada who were taking a lead in advocating for Aboriginal title and rights, to protect the environment and preserve traditional lifestyles. Thirty-four First Nations women living on or near three reserves in British Columbia and Saskatchewan were interviewed. Sharing circles were held to gather their stories and perspectives on the effects of forestry and free trade. The women were deeply concerned about the pace and manner in which trade in timber has been undertaken in Canada. Their study indicates that forestry initiatives controlled by Aboriginal people have not consistently included the voices of women. Women are uncertain of how their communities are benefiting from free trade and many have organized to resist the economic development that is springing up on their traditional lands without their input and consent. While the focus of this article is on forestry, it does highlight factors that have a direct outcome on the health of Aboriginal women and community members. The loss of traditional foods together with commercialization is increasingly forcing people to live off store-bought foods which create health problems, such as diabetes and dental concerns. Health issues, the authors note, are rarely included as part of environmental assessments when looking at the impact to wildlife and other aspects of the ecosystem. This perspective is gender specific as women tend to look at the human impacts rather than the financial and economic returns of such endeavours. This report contributes to the discussion of women and trade agreements by making the connections between First Nations women, forestry and free trade. It begins with a literature review on the following subjects: gender and Aboriginal women, traditional roles, the fur trade, Aboriginal title and rights, and free trade and logging in First Nations communities. It then summarizes interviews with 34 women on or near three reserves in British Columbia and Saskatchewan on the environmental, cultural, economic and social impacts of logging. The report concludes with recommendations on such matters as public education, natural resource management and trade agreements.


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/ Adequate Power/British Columbia/Canada/ Diabetes/First Nations/Free Trade/Gender/ Health/Healthy Eco-System and Sustainable Relations Between Human Beings and the Natural World/Status of Women

Abstract: This exploratory study involved listening, observing, analyzing, documenting, and better understanding “things as they are” for four street-involved, HIV-positive Aboriginal women from Vancouver’s Downtown Eastside. The thesis highlights the circumstances that contribute to the women’s vulnerability not just to HIV/AIDS, but to a number of constraining social factors that affect their overall health, safety, and quality of life. The narrative nature of the four women’s stories is used to gain a greater understanding of Aboriginal women’s health issues. Historical issues, along with social, cultural, economic, and physical factors that impinge on the health of Aboriginal women are enhanced when combined with the four stories of the study group.


Keywords: Basic Physical Needs/Health

Abstract: This report states that Aboriginal people who live off-reserve in cities and towns are generally in poorer health than the non-Aboriginal population, according to the first ever study using new data from the 2000/01 Canadian Community Health Survey. The study found that inequalities in health persisted between Aboriginal people who lived off reserve and other Canadians after socioeconomic and health behaviour factors were taken into account. Four health measures were used in the comparison between Aboriginal and non-Aboriginals: (1) self-perceived health; (2) chronic conditions; (3) long-term activity restriction; and (4) depression.


Keywords: Family Violence/women

Abstract: This is the second book of stories from victims of families affected by violence. The first book was published in 1990 and was a useful resource for addressing the need for community understanding of family violence. Untold Stories 2 is a compilation of stories about women who took steps to find help and support in leaving or resolving the violent relationships. Photos of front line workers, women listening and women sharing and laughing are included. Children’s drawings show the fear and sadness they experience in witnessing violence against their loved ones. A song and a poem are also included to illustrate the different forms of expressing or telling one’s story.

Keywords: Native women/Elders

Abstract: This book tells the life stories of five Native Canadian women. Each biography is drawn from a different native culture, spread geographically from Saskatchewan to Newfoundland; collectively the stories cover the period from 1656 to 1992. This path breaking book shatters stereotypes by showing the power that native women had in their communities. The images of squaw and Indian princess van now be replaced by a more realistic view of women diverse in personality and life history. This book describes the struggles of these women’s efforts to preserve and protect their respective communities.


Keywords: British Columbia/First Nations/ Health Care

Abstract: This volume describes health issues among First Nations people living in British Columbia. The first chapter details the impact that introduced European diseases had on many facets of Aboriginal life. Later chapters provide detailed statistical and empirical accounts of the health gap between Aboriginal populations and the non-Aboriginal population through attempts to deal with basic inequalities. The increased incidence of chronic diseases is detailed. As well, various projects that are designed to deal with Aboriginal health issues in a culturally sensitive manner are described.


Keywords: Cancer Screening/Health/Health Care

Abstract: Alaska Native women have encountered many obstacles in the health care system, which deter them from adhering to cancer screening recommendations. To improve access, it was necessary for us to listen to them and their attitudes about health care. As a result of this assessment, we changed our approach, resulting in an overall increase in screening rates from 14% to 62%. A case example is presented to demonstrate barriers to cancer screening and our techniques for overcoming them (Journal Abstract).


Keywords: Adequate Human Services and Social Safety Net/Cultural Integrity and Identity/ Culture/Health/Health Care/Trauma

Abstract: Historical trauma is a significant fact in the Native American community, a fact affecting both health status and social milieu. Mental health nurses and other persons working in the mental health professions will be confronted over and over with historical trauma when working with Native American peoples and communities. To heal historical trauma, culturally appropriate strategies derived from the ancient knowledge, philosophy, and world view of Native America are needed. One tool mental health care providers can use when encountering historical trauma is the Conceptual Framework of Nursing in the Native American Culture.


Keywords: Canada/Cultural Integrity and Identity/Healing/Health/Health Care

Abstract: In a phenomenological research study with a purposeful sample, six Ojibwa and Cree indigenous women healers from Canada and the United States shared their experience of being a traditional healer. Using stories obtained during open-ended, unstructured interviews, in this article I depict the lives, backgrounds, and traditional healing practices of women who, in the past, have not been afforded an opportunity to dialogue about their healing art and abilities. The methods of these women healers, their arts and their gifts, are different from those of Western conventional medicine because of dissimilar world views related to health and illness. An increased awareness of health care providers related to the ancient art of traditional healing currently practiced in communities by gifted women who provide culturally specific holistic healing and health care is essential (Journal Abstract).


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Franco-Ontarian Women/Health/Heart Health

Abstract: Provides the results of a focus group that wanted to raise awareness and educate and involve Francophone and Aboriginal women in their own heart health (CWHN Abstract).

Annotated Overview of Research on Aboriginal Women, Health and Healing

Winnipeg, MB: Centres of Excellence for Women’s Health.

Keywords: Basic Physical Needs/Gender/Health/Health Services Research/Inuit Women/Rural Women/Women’s Health

Abstract: Addresses the health concerns of rural, remote and Northern women. Includes data collected from focus groups and workshops with women from diverse communities across Canada, including fishers and farmers, and from Aboriginal, Francophone and Anglophone communities from coast to coast. Also draws on data collected from a National Consultation meeting held in Saskatoon (2003) (CWHN Abstract).


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Health/Montreal/Well-being

Abstract: The aim of this component was to design and conduct a qualitative assessment to identify the health, wellness, and social service needs of Aboriginal women living in Montreal.


Keywords: Aboriginal Midwifery/Inuit Women

Abstract: Not available.


Keywords: Canada/Education/Health/Health Care/Suicide

Abstract: In this paper the authors outline a vision of primary health care 2000 in Kitikmeot as a collaborative model for the community, by the community and through the community. “Polar Bare Facts” discusses population dispersion, challenges faced, technological advances, workforce development and community funding for special initiatives. Finally, a blueprint for primary health care in the Kitikmeot is proposed. A Government of Northwest Territories (GNWT) report in 1998 compared Nunavut health status indicators with Canada’s national average as follows: 2 times infant mortality rate; 3 times teenage pregnancy rate; 6 times suicide rate; 8 times more tuberculosis; 13 - 20 times sexually transmitted infections; 26 times solvent abuse; 5 times violent crime; 7 times sexual assaults; 50% of the population is less than 20 years of age; 60% of adult population are smokers; 42% of Nunavut older than 15 years have less than Grade 9 education; 26-40% unemployment rates.


Keywords: Canada/Health/Native women/women

Abstract: “The Saskatoon Community Clinic began a program of outreach to Aboriginal grandmothers in the fall of 1992 with funding from Health Canada. This outreach was called the Older Native Women’s Health Project. Project staff visited grandmothers in their homes, and brought them together to talk about their own health as well as that of their families and communities... By telling their stories, the grandmothers are sharing their strength and wisdom with the community.” (p. 4) “This book is dedicated to the [23] Aboriginal grandmothers who told their stories to teach the younger generations about life, traditions, and values...” (p. 3).


Keywords: Canada/Health/History/Inuit Women/Montreal

Abstract: Includes a discussion on: (1) Awa, Apphia Agalakti, 1931-1996; (2) Katsak, Rhoda Kaukjak; (3) Katsak, Sandra Pikujak; (4) Inuit Canada History 20th century; (5) Femmes inuit Nunavut Biographies; (6) Inuit Canada Social life and customs; (7) Inuit personal narratives; and (9) Nunavut Biographies. Saqiyuq is the Inuit word for a strong wind that suddenly changes direction. Clearly, the lives of these strong Inuit women have totally and irrevocably changed. Theirs is a simple story of survival and strength, the essence of their lives. Storytelling is an integral part of Inuit life and the means by which life skills and values are shared. Wachowich went to the North first to observe the Inuit. These women became her friends, and she later returned to record their stories on tape with the help of interpreters. Respectful of oral tradition, she has attempted to faithfully translate these women’s oral histories into written narrative.

Keywords: Culture/women/Work

Abstract: Reflecting biases that permeate the U.S. culture, professional accounts generally interpret stories of minority women from a deficit perspective. Problems such as substance abuse, domestic violence, and teenage pregnancy are often presented from an outsider’s viewpoint and cast as intrapersonal phenomena independent of historical, political, and cultural context. This article suggests that stories and their implications change significantly depending on whether they are interpreted from a deficit or strengths perspective. Stories of American Indian women, in their own voices, are discussed as a case example (Journal Abstract).


Keywords: Education/First Nations/ Research

Abstract: Storytelling lies at the heart of Ellen White’s teachings. Jo-ann Archibald’s sensitive interaction with Ellen’s narratives reveals the holistic world view that shapes the teachings, informs their significance for developing First Nations research and the implications of this for developing educational policy and curriculum. The teachings inform a collaborative ethnographic research process that is described as “a critical ethnographic approach” that holds true to respectful practices and dialogical principles.


Keywords: Diabetes/Health

Abstract: This study examined worry regarding seven major diseases and their correlates in a sample of African-American (n = 57), Native-American (n = 50), and Caucasian (n = 53) women ages 36 to 91 years. African-American and Native-American women were most worried about developing cancer (44% and 50%, respectively) while Caucasian women were most worried about osteoporosis (37%) and cancer (33%). Women from each ethnic group were more worried about developing cancer than cardiovascular diseases and conditions. African-American and Native-American women were more worried than Caucasian women about developing diabetes and high cholesterol. Body mass index (BMI) was a consistent correlate of worry: heavier women were more worried about developing diseases than were leaner women. Other risk factors (e.g., physical activity, blood pressure), however, were generally not associated with disease worry. In fact, age was inversely associated with worry regarding diabetes, cancer, and osteoporosis. Although women who were more worried about developing cancer were more likely to perform monthly breast self-exams, worry regarding other diseases was not associated with preventive actions. These results are generally consistent with other studies that indicate women are more concerned about cancer than cardiovascular diseases (Journal Abstract).


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Cultural Determinants/Health/Health Beliefs/ Health Care/Well-being/Women’s Health

Abstract: Traditional understandings of health and wellness in Manitoba’s Aboriginal communities are distinctly different from understandings that have conventionally prevailed in most of the province’s health care institutions. This research project, undertaken by an Aboriginal Women’s Health Research Committee supported by Prairie Women’s Health Centre of Excellence (PWHCE), seeks to extend our understanding of the positive impact of cultural identity on the wellness of Aboriginal women in Manitoba and our understanding of the ways that Aboriginal women have retained and drawn upon cultural values, teachings and knowledge in their efforts to heal themselves, their families, and their communities. It includes a review and analysis of current research relevant to Aboriginal women’s identity and wellness, and presents the results of group discussions and individual interviews with Aboriginal women in Manitoba that focused on their personal experiences and understandings of the relationship between identity and wellness. The Aboriginal women who participated in this research project take care of their health and wellness by attending to and maintaining balance between all aspects - physical, mental, emotional and spiritual - of their being. The women’s identities are inseparable from their family, history, community, place and spirituality, and understood in the context of their whole lives. Health care practitioners, providers and policy makers, as well as federal and provincial governments, need to assist Aboriginal communities in the development of the infrastructure, human resources and administrative structures needed to create and control health care services that are rooted in the cultural practices and values of the Aboriginal women and men they are serving. Further research into the connection between the well-being and identity of Aboriginal women, for example research that focuses...
on the identity and well-being of Aboriginal women in remote communities, will enhance our understanding (Author abstract).


Keywords: Aboriginal Peoples/Canada/Culture/First Nations/First Nations Communities/Health/Research

Abstract: This dissertation contributes to an expanding body of research within Health Geography that focuses on the role of place in shaping experiences of health. Recent research within the Geography of Health has begun to acknowledge and demonstrate that the meanings ascribed to places as well as individual experiences of places contribute to health. The birth of the journal ‘Health and Place’ is a reflection of the changing paradigms within the Geography of Health that argue for different perspectives and analyses of place. At present though, research on health and place is limited. Meanings of place and the relationship between place and health have culturally specific dimensions, yet these tend to be overlooked, especially with respect to First Nations peoples. First Nations peoples have a relationship with the land that contributes to their experiences of place and health. However, while geographic research has explored First Nations health, few studies have actually attempted to explore the influence of cultural beliefs and values on health -- let alone the intricate link between the land and health. This dissertation presents the results of two separate yet interrelated approaches to understanding the intricate relationship between culture, health and place for First Nations peoples. Using data from the 1991 Aboriginal Peoples Survey, the first stage of this dissertation explores the determinants of First Nations health in the context of cultural variables that proxy a relationship to the land. In the second stage of this research, qualitative methods were employed to tap the process through which the land shapes First Nations health. The interviews were conducted in two parts. First, 17 in-depth interviews were conducted with Anishinabek (Ojibway and Odawa peoples) living in one First Nations community on Manitoulin Island, Ontario. The findings from the interviews suggest that particular geographies exist in which relationships between the land and health are manifested. These geographies are evident across different scales and they demonstrate that the land, as place, represents more than just a physical location. Rather, the land is simultaneously physical, symbolic and spiritual. Second, given that the urban First Nations population is increasing, interviews were conducted with Anishinabek who had relocated from Manitoulin Island and are currently residing in three urban locations: Hamilton, Sudbury, and Toronto. The interviews explored the extent to which cultural beliefs regarding the land could be transplanted and accommodated within urban settings. The interviews revealed that Anishinabek can successfully negotiate the specific challenges posed by urban environments and maintain connections to the land that are necessary for health. Further, the results demonstrate that negotiation takes place between and within particular geographic scales, both real and imagined. The findings of this dissertation demonstrate that culture is an important component of the link between health and place. Further, incorporating Anishinabe perspectives of health and place reveal that the current conceptualizations of health and place within the Geography of Health literature are partial (Author Abstract).


Keywords: Aboriginal Women/Basic Physical Needs/Community Solidarity and Social Support/Conference Report/Health/Women’s Health

Abstract: Summarizes the discussions held in the context of a seminar that explored Aboriginal women’s health.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Basic Physical Needs/Health

Abstract: Unavailable
3. Birthing, Infants, Children and Motherhood

The heart of the research under this area considers mothers, pregnancy, newborns, midwifery, teen pregnancy and adolescent mothers, sterilization, gynecological issues, infant mortality, breastfeeding, SIDS and mothers’ involvement in children’s health care. A significant body of research also includes aspect of FASD. The majority of the research available focuses on historical and contemporary issues in relation to childbirth and infant mortality, gynecological matters, sterilization, pregnancy, breastfeeding, midwifery, teenage pregnancy and adolescent mothers, sterilization and reproductive rights as well as Aboriginal mothers’ involvement and participation in research related to their own personal health and that of their children. Within this compartment of research the conceptual framework most often relied upon by the researchers is bio-medical in nature. Under this theme, the literature was saturated and so, it has been divided into six specific categories which look at different aspects of the birthing circumstances for Aboriginal women: (1) Midwifery and evacuation of pregnant northern women; (2) Breastfeeding; (3) Birth outcomes for mothers with diabetes; (4) Childbirth and gynecological and obstetrics care for pregnant Aboriginal mothers; (5) Fetal Alcohol Spectrum Disorder and drug use during pregnancy; and (6) Sudden Infant Death Syndrome.

Midwifery and Evacuation of Pregnant Northern Women

The introduction of medical services into the Arctic as policy by the federal government led to the displacement of traditional ways of childbirth and to the evacuation of women to give birth far from their communities in southern hospitals. The justification for this policy was based on the perinatal mortality rate (Kaufert and O’Neill, 1988, 1990). The literature reveals northern Aboriginal women in many cases must leave their home community for labour and delivery, a practice that can be extremely disruptive not only for the pregnant woman but for the entire family as well as the community. In particular, it often creates a major hurdle for fathers and/or other family members and friends who wish to be present at the birth. Lesley Paulette (1995), in her research study “Midwifery in the North,” told RCAP, “Elders have suggested that in the days when families gave birth together in the traditional way, the bonds between family members were stronger than they are today. In particular, men seem to have had a different kind of appreciation for their wives and a closer relationship with their children.” It also disrupts the potential for the community at large to celebrate the birth of the child with the family (Chamberlain & Barclay, 2000). In addition to psychological effects, there are also social and cultural implications for northern First Nations, Métis and Inuit women who have to leave their remote, often fly-in, communities to deliver their babies in larger centers. This is especially so for “high risk” and first-time mothers. Many of these women are expected to stay in the hospital (often four to six weeks) resulting in a great deal of fear, stress and emotional and economic stressors not experienced by other Aboriginal and mainstream Canadian women (Chamberlain & Barclay, 2000). Women who are referred out of the community to give birth often feel traumatized and feel intense feelings of isolation and worry about their families. As a result, some Aboriginal women will not seek early health care when pregnant (Chamberlain, Barclay, Kariminia and Moyer, 2001). The limited number of health care professionals, including midwives, and health care services within northern communities prevent northern women from having equitable birthing choices and opportunities which are available to many women living in other parts of Canada (British Columbia Centre of Excellence for Women’s Health, 2002).

Benoit and Carroll (2001), along with a number of other colleagues (Chamberlain and Barclay, 2000; Fletcher, 1993; George, 1999; Linehan, 1992; Chamberlain, Nair, Nimrod, Moyer and England, 2005) have written significantly on the political issue of midwifery in Canada. Benoit and Carroll have also focused on historical events and continuing colonial forces which
contributed to the demise of Aboriginal midwifery and the loss of Aboriginal women’s rights to assist with birth within their traditional territories. Aboriginal ways of birthing, traditional medicine and Aboriginal midwifery is beginning to be revitalized and practiced in some northern communities and across Canada despite lack of legislation (Carroll and Benoit, 2001a) and in light of – and partly in contrast to – the “new Canadian model of care” (Carroll and Benoit, 2001b). Benoit and Carroll (2001a and 2005) have also noted that the revival of traditional midwifery has not been an easy task because many of the ancient practices have been lost and few Aboriginal midwives are left to pass on surviving knowledge around this practice. For Aboriginal women living in the north, the presence of a midwife can be comforting. The opportunity to at least participate in the decision about where the birth of their child should take place can also psychologically aid Aboriginal women. Coochie and Nabigon (1997) explored the importance of Aboriginal midwives and connect healing and strengthening of contemporary Aboriginal communities with midwifery care. Carroll and Benoit (2001b) have also recognized the positive links to improving the health of Aboriginal women in urban and rural communities. They say that revitalizing Aboriginal midwifery has resulted in a deeper understanding of the interface between medical science, traditional practice and gender. Numerous research articles have focused on evaluating the efforts of northern communities to set up their own birthing centres.

Breastfeeding

Patricia Martens has researched breastfeeding issues among Aboriginal women in a number of First Nations communities in southern Manitoba. In her first research publication on this issue, Martens (1997) indicates that very few Aboriginal women decide to breastfeed prior to pregnancy. The decision to breastfeed often comes later in the pregnancy, usually around the third trimester. If women are forced into making a decision regarding breastfeeding, they usually make a decision based on the perceived cultural norm within the community, which may be bottle feeding. The effectiveness of promoting breastfeeding with adolescents in Sagkeeng First Nation was the focus of Martens’ research in 1999. Martens’ subsequent research into the effect of breastfeeding education with both males and females in the community of Sagkeeng, Manitoba, showed that education significantly increased belief in breastfeeding among females who received education on the issue. However this was not as significant among the males. Martens (2002) then conducted an evaluation of two breastfeeding projects in Sagkeeng First Nation. One group of women received prenatal instruction from a community health nurse and another group received postpartum peer counseling from other women who had breastfed. Martens found that peer-counseled women in the community had fewer problems breastfeeding, reported greater satisfaction with breastfeeding and tended to breastfeed longer than those women who had received prenatal instruction on how to breastfeed. The prevalence and duration of breastfeeding among Aboriginal women giving birth in four First Nations communities (Hollow Water, Little Black River, Long Plain, and Sagkeeng) was the focus of further research by Marten in 2005. Langer and Steckle (1991) examined patterns of breastfeeding among Indian and Inuit women in the North and found that smoking and gestational diabetes influence breastfeeding practices among Aboriginal mothers in particular. They argue that Aboriginal mothers require additional support in order to continue breastfeeding longer. A database was developed by Northwest Territories Health & Social Services (1996) in which breastfeeding practices were collected from northern communities with Métis, Inuit, Dene and non-Aboriginal mothers.

Birth Outcomes for Mothers with Diabetes

Dooley and Sugamori (1998) reviewed pregnancy outcomes for Aboriginal mothers with non-insulin dependent diabetes mellitus (NIDDM) in the Sioux Lookout Zone of northwestern Ontario.
between the years 1989 and 1992. During this time, 26 infants were born to 19 women who were diagnosed with NIDDM. The findings indicate that infants do face significant risks if their mothers are diagnosed with NIDDM during pregnancy. A more recent American study that looked at women with diabetes during pregnancy essentially came to the same conclusion (LaVallie, Gabbe, Grossman, Larson, Baldwin and Andrilla, 2003). American Indian and Alaskan Native women were found to be more likely than white women to receive inadequate prenatal care, to have higher rates of pregnancy-induced hypertension and significantly lower rates of primary cesarean deliveries. The rate of macrosomia (larger babies) was also notably higher. Ray, Vermeulen, Meier, Cole and Wyatt (2004) also support the findings of earlier studies of Aboriginal women and diabetes. They state that women with diabetes mellitus are at higher risk for neural tube defects (NTDs). First Nations women were considered to have increased associated risk of a NTD-affected pregnancy compared to women of other ethnic origins. In addition, the high incidence of non-insulin dependent diabetes and gestational diabetes mellitus among Inuit and other Aboriginal mothers is quite high and many researchers argue for urgently needed diabetes screening and prevention, especially in the more northerly communities where access to fresh, affordable and healthy diet alternatives are just not available.

Adolescent Mothers and Pregnancy

Bent, Josephson and Kelly (2004) detail the outcome of an Aboriginal cultural enrichment program on the identity of ten pregnant or parenting adolescent women. After six weeks of being in the program, all of the women developed a strong cultural identity and reported higher levels of self-worth, which benefited their job competence and behavioural conduct. This study indicates that it is highly advantageous to incorporate a cultural component to services and programs delivered to Aboriginal youth. Loos, Morton and Meekis (1999) also reported on the outcomes of a conceptual model for planning adolescent parental programs which was delivered to adolescent Aboriginal women living in an isolated northern community. Another report about a mentoring program to delay adolescent pregnancy and parenting among young First Nations women in Greenland was discussed by Montgomery-Anderson (2004). Rogers and Dilworth (2002) reported on a framework to reduce the rate of teen pregnancy in Canada which was undertaken by a number of organizations in the Timmins, Ontario area. A very thorough look at Aboriginal adolescents’ perspectives on sexual and contraceptive practices was undertaken by the Ontario Federation of Indian Friendship Centres (2002). Female teenagers are at a higher risk of bearing both premature and low birth weight infants, says Miskelly (1999). Her research looked at some of the risk factors for why this was so among young mothers in the North West Health Region of British Columbia. The home environment of babies born to Métis, First Nations and Caucasian adolescent mothers was explored by Secco and Moffat (2003) whose findings point out that adolescent Métis and First Nations mothers had significantly higher infant-care emotionality scores than Caucasian mothers while Caucasian mothers on the other hand scored higher on quality of the home environment.

Child Birth and Gynecological and Obstetrics Care for Pregnant Aboriginal Mothers

Canada is known for having one of the highest standards of prenatal care in the world but Chalmers and Wen (2004) state that there is still room for improvement according to the data they gathered from the Canadian Perinatal Surveillance System used to evaluate morbidity and mortality among mothers and infants. For instance, they note that in Aboriginal populations, the rates of stillbirth and perinatal mortality is 2-2.5 times the Canadian average. It has long been known that the health situation affecting pregnant Aboriginal women needs improvement because medical, socioeconomic, cultural and geographical factors impact negatively on pregnant Manitoba Aboriginal women according to
the research published by the Community Task Force on Maternal and Child Health (1981).

Research documenting Elders’ knowledge about traditional Inuit practices related to pregnancy and childbirth was explored by Davis-Putt and the Inuit Women’s Association of Canada (1990). At one time Inuit women about to give birth to their first child (primipara prenatals) were not offered midwife-assisted deliveries because of the unknown outcomes. England (1998) explores a birthing project that was initiated in Rankin Inlet where over 36% of the prenatal population was primipara. Another publication looking at the outcomes of perinatal care for Inuit women in Nunavik over a five-year period was examined by Houd, Qinuajuak and Epoop (2005). The colonization of childbirth in the north among pregnant Dogrib women was examined by Moffitt (2004). Glor (1987) outlines the success of a prenatal program on Native women’s health and nutritional status. Evaluation of a prenatal exercise program for urban Aboriginal women showed that approximately 91% of the participants reported improved fitness levels while 89% reported heightened self-esteem (Klomp and Sheppard, 2003). The effects of a community-based prenatal nutrition program on the oral health of Aboriginal preschool children in northern Ontario was evaluated by Lawrence, Romanetz, Rutherford, Cappel, Bingham and Rogers (2004). Lawrence and colleagues’ evaluation of the prenatal program concludes that the program improved Aboriginal caregivers’ knowledge about early childhood caries but notes that there are factors that place undue strain on caregivers that can lead to poor hygiene and dietary habits among children in Aboriginal communities. Heaman (2001) investigated risk factors for spontaneous birth among Aboriginal and non-Aboriginal women. Supplementation of Vitamin A to prevent Vitamin A deficiency among infants born to Aboriginal women was the focus of research conducted by Godel, Basu, Pabst, Hodges and Ng (1996). The issue of iron-deficiency anemia among Inuit women in the Inuit region of Nunavik was explored by Hodgins (1998). Research into the serum markers between Aboriginal and Caucasian women in second-trimester Down’s syndrome screening was conducted by Haung, Summers, Wyatt, Meier and Cote (2003) who conclude that maternal serum markers were 12% higher among Aboriginal women but that since the sample of Aboriginal women was so small, more research and screening for Down’s Syndrome among this group was needed to confirm their findings.

Johnson, Jin and Truman (2002) conducted research to assess the connection between Aboriginal socioeconomic status and birth outcomes as well as material morbidity among pregnant Aboriginal women in Alberta. Johnson and colleagues’ study confirms what other studies have said about pregnant Aboriginal women, in that Aboriginal women receiving subsidy or welfare and registered with DIAND had many demographic similarities and generally had worse maternal and neonatal outcomes than other women in Alberta. A look at the trends of infant mortality rates among First Nations versus non-First Nations and in rural versus urban areas in British Columbia was analyzed by Luo (2004). Luo (2004) also looked as the risk of adverse pregnancy outcomes among both Inuit and North American Indian women in Quebec during 1985 and 1997. Luo concluded that Inuit and Indian women have different risk profiles for adverse pregnancy outcomes and that prevention of preterm birth among Inuit women, and of SIDS and infection-related infant mortality in both Aboriginal groups were important areas of future research and intervention.

Grewal (1994) provides evidence as to why women, including Aboriginal women, want children, which finding indicates that the decision to have children is based on emotions and that this finding was no different for any of the different groups of women who participated. Lawrence (2000) reviewed early health practices that were used against indigenous women in the United States, such as the sterilization of indigenous women without their consent.

The small body of research looks specifically at antenatal, gynecological and obstetrical care which Aboriginal women receive whether they live in isolated communities or within an urban
context. For instance, Grzybowski (1998) discusses the problems related to providing limited obstetrical services in small, isolated, rural populations with much of the focus on Aboriginal women’s experiences. Robinson (1991) examined obstetrical and maternal health practices among Native women in order to support his argument that the medical community fears the danger of complication and infant mortality which has led to an emphasis upon evacuation and the introduction of specialized obstetrical services while ignoring the expertise of northern women themselves, particularly that of midwives, whose expertise Robinson says should form a central pillar of obstetrical care in the North for the future. Hiebert (2001) undertook a year-long research study into the utilization of antenatal services (which involves Preconception counselling; Assessment of risk factors (including maternal health); Ongoing assessment of fetal well-being; Ongoing assessment of complications; Education about normal discomforts of pregnancy, emotional aspects (including postnatal depression), local antenatal classes, reducing risk of SIDS, parenting issues (including childproofing the house and coping with crying infants) and discussion of birthing care options) by First Nations women in four northern Manitoba communities. Hiebert noted that the women first came to the nursing station in the ninth week of pregnancy and saw a health care provider -- generally a nurse -- at least ten times for routine visits before maternal evaluation. O’Neil (1986 and 1987) also carried out a study evaluating the impact of obstetrical evacuation among Inuit women and their families from the Keewatin area of the Northwest Territories. Patterns of obstetrical care with women with treaty status in Manitoba were also examined by Mustard, Barer and Sheps (1993). Those who practice rural obstetrics have expressed discomfort about doing cesarean sections within a small community, especially when understaffed, even though research and evidence indicates that obstetrical care is better when provided in the patient’s local

community (McIlwain and Smith, 2000).

Fetal Alcohol Spectrum Disorder and Drug Use during Pregnancy

Fetal Alcohol Spectrum Disorder is a growing concern as can be evidenced from the growing literature dedicated to examining this issue. This section looks primarily at literature which focused on Aboriginal women and the problem of FASD.

Canadian sources on Aboriginal people and FASD research include that conducted for the Aboriginal Healing Foundation regarding the scope of the problem respecting Fetal Alcohol Syndrome among Aboriginal people in Canada, and the intergenerational links to residential school (Tait, 2004). Masotti, et al. (2003) looked at the prevalence of FASD in urban environments while researchers Fast, Conry and Loock focused on screening, identifying and managing offenders with FASD in the Canadian Corrections System (Fast, Conry, & Loock, 1999; Byrne, 2005). A Manitoba-specific source, while not as current as other sources, includes a thesis completed by Kowlessor (1997) who did a cross-sectional survey in a First Nations community in Manitoba to determine the prevalence of Fetal Alcohol Syndrome among school-aged children (ages 5 years to 15 years). Kowlessor found that 10% (or 18 out of 178) of children had physical evidence of being adversely affected by prenatal alcohol exposure (Kowlessar, 1997). Another more timely connection of FASD to the field of child welfare in Manitoba was completed by Jones (2003) who focused on the experiences of eight foster families living in rural and reserve communities providing care to First Nations children with FASD. Jones found that a lack of specialized supports for First Nations children with FASD in rural and reserve communities created stress for foster families, especially among those families raising adolescents. Aboriginal children affected with FAS/FAE are being taken from their biological homes and placed in foster and adoptive care, notes Gammon (2000). The women in Gammon’s study were found to be struggling with the monumental task of caring for this
Annotated Overview of Research on Aboriginal Women, Health and Healing

specialized group while dealing at the same time with a lack of services available to provide them with ongoing support as well as access to other supports and resources to assist these children as they reached adulthood. Gammon notes that society needs to find better ways to support persons who take on the task of caring for individuals with FAS/FAE and that solutions need to be community based.

Ferguson (1997) uses grounded theory to deconstruct the problematization of FAS within Aboriginal communities by (missing verb?) various strands of the picture and filtering them through a critical lens. The strands identified were the relationships of alcohol to women; alcohol and ethnicity; and alcohol to Native. Loewen (2000 and 2001) explored the issue of FAS/FAE from a birth mother’s perspective by interviewing a number of Aboriginal women who admitted to drinking throughout their pregnancies. The gap in physician-patient relationship between urban Aboriginal mothers and their doctors was explored by Masote, Szala-Meneok, Selby, Ranford and Van Koughnet (2003) who say that FASD is permanent, preventable and underdiagnosed and that there is a need to develop better interventions for Aboriginal women. Status of Women Council of the Northwest Territories (1996) examined the special needs of women and teen girls who abuse alcohol and drugs and the influence of poverty, family violence, and sexual abuse on substance abuse. They argue that by dealing with women’s substance abuse they can then better deal with FAS/FAE. Issues of substance abuse and health concerns for Aboriginal women during pregnancy in Quebec were the primary hub of Tait and Contois’ (1998) research. One of the findings highlighted by Tait and Contois was the fact that treatment services for substance abuse addresses only the addiction and not the underlying factors that lead women into addiction.

Various guides and resources have been developed over the years to assist pregnant Aboriginal women and their families to understand the history, causes, diagnosis and characteristics of children with FAS/FAE at different stages in their lives. The FAS/E Support Network of British Columbia (1997) for example produced such a guide called A Layman’s Guide to Fetal Alcohol Syndrome and Possible Fetal Alcohol Effects as did McGrath, et al. (1998) and the Ontario Federation of Indian Friendship Centres (1998) with their Fetal Alcohol Syndrome: A Hopeful Challenge for Children, Families and Communities. An Inuit resource called Ikajuqtigiinniq: kajujkannirutisaaq Qiturngakssalingnik Imialuqattaritittilaitimanirmmk Ammalu Ikajurunnaqullutigut Taimannaittuliit = A Resource for Fetal Alcohol Syndrome Prevention and Intervention Work was published by McGrath, Hegeman and Evaluaadjuk (1998).

At-risk Aboriginal women participating in a study on injection drug use revealed that although they reported using some form of contraception, the use of reliable birth control was low (Weber, Tyndall, Spittal, Li, et al., 2003). There were a high number of pregnancies also reported among the high-risk Aboriginal women. Research examining how policy in Canada dealing with the issue of substance use during pregnancy can be less polarizing toward women was published by Rutman, Callahan, Lundquist, Jackson and Field (2000). Rutman and her colleagues reviewed and analyzed the Supreme Court of Canada case of Ms. G., in which a judge ordered mandatory drug treatment for a young, low-income Aboriginal woman who was addicted to sniffing solvents. An earlier detailed examination of the Ms. G. case was examined by McCormack (1999) who looked at the relationship between scientific knowledge and legal discourse involving this young pregnant Aboriginal woman.

Sudden Infant Death Syndrome

Wilson (1999) noted that Sudden Infant Death Syndrome (SIDS) is highest among Aboriginal infants. Wilson interviewed many Aboriginal mothers and senior women in the community about infant care practices currently used and compared traditional and contemporary practices utilized in the community. The residential environment of the infant was found to contain alarmingly high levels of air pollutants, including fungi and bacteria which may explain why SIDS is
highest among Aboriginal peoples. A small number of research papers addressed the issue of SIDS among children born to Aboriginal women. Wilson (2000) explored contemporary Cree infant care practices to get an understanding of whether there were any risk factors associated with SIDS. Wilson concluded that existing infant care practices among the Cree included several that are considered protective while others, such as swaddling infants in very warm houses and smoking during pregnancy, could contribute to higher SIDS incidences. The last research paper that looked at SIDS was that conducted by Hildes-Ripstein (1999) who analyzed infant care practices and lifestyle choices of Aboriginal mothers and a comparison group to help formulate preventive strategies for reducing SIDS in Aboriginal infants.

An annotated list of resources about birthing, infants, childhood, obstetrics and motherhood is set out below.

Bibliography of Resources


   Keywords: Diet/Education/Family Violence/ First Nations/Healing/Health/Indigenous Healing/ Medicine/Midwifery/Pregnancy/Reproductive Health/Sexual Health/women/ Women’s Health

   Abstract: This book provides guidance in both Western and indigenous health approaches to specifically address Native American women’s health needs. Topics covered range from traditional midwifery, pregnancy, the politics of reproductive health, contraception, domestic violence, barriers to indigenous women’s healthcare, health effects of environmental contamination, traditional herbs and remedies, Native American nutrition and weight loss, smoking, alcohol, drug abuse, and much more.


   Keywords: Aboriginal Women/Breastfeeding

   Abstract: Unavailable


Regionalizing Maternity Care Services in British Columbia, Canada. The National Network on Environments and Women’s Health, a Centre of Excellence on Women’s Health, York University.

   Keywords: British Columbia/Canada/women/ Health/Children/1/Health Care

   Abstract: The purpose of this study is to explore the impact of regionalization on the delivery of maternity care services outside of large metropolitan areas, and to identify whether women share a common theme or viewpoint about this impact. The study draws on findings from focus groups and personal interviews with non-urban women, as well as policy makers and key decision makers within the Ministry of Health, the Ministry for Children and Families, and regional health board representatives.


   Keywords: Midwifery/British Columbia/ Aboriginal Midwifery/Health/First Nations

   Abstract: Unavailable


   Keywords: Aboriginal Midwifery/Aboriginal Women/Canadian Women/First Nations/Health/Manitoba/ Midwifery/Women’s Health

   Abstract: This article discusses the revival of Aboriginal midwifery in Canada. Explains how this revival has enabled Aboriginal women to bring childbirth back to their communities. It also describes the different initiatives in Quebec, the North, Ontario, British Columbia and Manitoba.


   Keywords: Aboriginal Midwifery/Canada/ First Nations/Health Care/History/ Midwifery

   Abstract: This collection of articles discusses midwifery’s historical, local, and international roots, its evolving regulatory status, and its integration into mainstream provincial health care systems. It includes a chapter on Aboriginal midwifery in Canada which summarizes its history and discusses its recent revival.

Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: In 1995, the Alberta Working Group Professional Practice/Health/Prevention/Sexual Health/women/Youth. Keywords: Aboriginal Women/Education/Health/Prevention/Sexual Health/women

Abstract: This study explored the effects of an Aboriginal cultural enrichment initiative on the self-concept of ten pregnant or parenting adolescent women, all but one of whom were of Aboriginal descent. The cultural enrichment activities were integrated into a program of support for adolescent mothers. Questionnaires were administered to the participants at the beginning and after six weeks of participating in the cultural enrichment component of the program. The results support the conclusion that it is highly beneficial to incorporate a cultural component into services for Aboriginal youth.


Abstract: The “Midwifery in Canada: Directions for Research — National Invitational Workshop on Midwifery Research” (May 11-13, 2001) brought together multidisciplinary researchers interested in midwifery to begin a dialogue on priorities and strategies for carrying out a national program of research. The objectives of the workshop were to support and encourage the ongoing exchange of ideas and information and foster collaboration, joint problem solving and mutual support among midwifery researchers in Canada. This conference proceedings report also recognizes that on both a professional and client level, Aboriginal access to midwifery care has been restricted. For Aboriginal midwives this has been due to practice barriers including: (1) different world views; (2) different historical trajectories; (3) the demise of traditional ways; and (4) the midwifery legislation process. Barriers to midwifery care for Aboriginal birthing women include the lack of culturally informed practitioners and lack of an integrated model of care. The report therefore also includes strategies that were suggested to support midwifery within Aboriginal communities (Adapted from the Executive Summary).


Abstract: In this chapter Dena Carroll and Cecilia Benoit present an alternative narrative of midwifery in Canada, with a particular focus on how traditional midwifery practices in British Columbia and in other parts of Canada have resurfaced and become recognized as a positive link to improving the health of Aboriginal people in urban and rural communities. For many centuries, Aboriginal people across the country have faced social and cultural changes that have negatively impacted their overall health, cultural identity and traditional values. The authors argue that the revitalization of Aboriginal midwifery has resulted in a deeper understanding of the interface between medical science, traditional practices and gender. They highlight the critical role that traditional Aboriginal midwives and birthing families have historically played within various geo-cultural communities in British Columbia and other provinces. They also discuss some contemporary examples of the revitalization of public interest in Aboriginal ways of birthing, traditional medicine, and midwifery across Canada in light of – and partly in contrast to – the “new Canadian model of care.”


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Keywords: Adolescent Mothers/Adolescents/women/Youth

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Abstract: The “Midwifery in Canada: Directions for Research — National Invitational Workshop on Midwifery Research” (May 11-13, 2001) brought together multidisciplinary researchers interested in midwifery to begin a dialogue on priorities and strategies for carrying out a national program of research. The objectives of the workshop were to support and encourage the ongoing exchange of ideas and information and foster collaboration, joint problem solving and mutual support among midwifery researchers in Canada. This conference proceedings report also recognizes that on both a professional and client level, Aboriginal access to midwifery care has been restricted. For Aboriginal midwives this has been due to practice barriers including: (1) different world views; (2) different historical trajectories; (3) the demise of traditional ways; and (4) the midwifery legislation process. Barriers to midwifery care for Aboriginal birthing women include the lack of culturally informed practitioners and lack of an integrated model of care. The report therefore also includes strategies that were suggested to support midwifery within Aboriginal communities (Adapted from the Executive Summary).


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Abstract: In this chapter Dena Carroll and Cecilia Benoit present an alternative narrative of midwifery in Canada, with a particular focus on how traditional midwifery practices in British Columbia and in other parts of Canada have resurfaced and become recognized as a positive link to improving the health of Aboriginal people in urban and rural communities. For many centuries, Aboriginal people across the country have faced social and cultural changes that have negatively impacted their overall health, cultural identity and traditional values. The authors argue that the revitalization of Aboriginal midwifery has resulted in a deeper understanding of the interface between medical science, traditional practices and gender. They highlight the critical role that traditional Aboriginal midwives and birthing families have historically played within various geo-cultural communities in British Columbia and other provinces. They also discuss some contemporary examples of the revitalization of public interest in Aboriginal ways of birthing, traditional medicine, and midwifery across Canada in light of – and partly in contrast to – the “new Canadian model of care.”

Abstract: This article looks at a number of historical events which contributed to the demise of Aboriginal midwifery and the loss of women’s rights to assist with birth within their traditional territories. This resulted from colonialism, the imposition of western medicine, the residential school system, and patriarchal government legislation and policies that changed the social, economic and traditional ways of Aboriginal people and undermined many of their long-standing healing traditions. The combined impact of these forces, in addition to devastating epidemics, played havoc on Aboriginal cultures and undermined the previous balance and harmony within communities. The revival of traditional midwifery has not been an easy task. Many of the ancient practices have been lost and few Aboriginal midwives are left to pass along surviving indigenous knowledge. An examination of some of the emerging forms of Aboriginal midwifery indicates that the new initiatives attempt to blend both traditional and modern forms of midwifery to create innovative models that focus on culturally relevant, community-based care.


Keywords: Midwifery/Canada/Aboriginal Midwifery


Keywords: Aboriginal Women/Canada/ Health/ Prenatal Care/women

Abstract: The author introduces two articles which explore the factors influencing adverse outcomes in birth and renal replacement respectively for Aboriginal Canadians. Refutal of the notion that aboriginality is a risk factor; Low number of Aboriginal women who attend to early prenatal care; Details on the studies discussed by the authors of the articles (Journal Abstract).


Keywords: Canada/Canadian Women/
system are likely to be high. Data Gaps and Recommendations: CPSS data, including economic indicators, needs to be collected in a timelier and uniform manner across Canada. The CPSS should provide an evaluation of how well Canada fares in relation to international standards of perinatal care (Journal Abstract).


Keywords: Australia/Health/Inuit Women

Abstract: Objective: To describe the psychosocial effect of transferring Canadian Inuit women out of their communities for birth. Design: Semi-structured interviews. Setting: Two communities in the central Canadian Arctic. Participants: Postnatal women and their partners, Inuit community members. Main Findings: Women face many stressors as a result of being transferred from their community for the birth of their baby, not least of which is the lack of a partner and family support. Stressors were categorized as emotional, physical and economic, and women were given little choice or support for the place of birth and method of delivery. Key Conclusions and Implications for Practice: Midwives need to be aware of the psychosocial disruption and stress faced by women and their families as a result of being transferred from their community for birth. Maternal/child policies and care need to focus more on the psychosocial aspects of labour, such as family and professional support, and less on the physical aspects which cannot be adequately addressed without culturally sensitive care (Journal Abstract).


Keywords: Aboriginal Women/Australia/Canada/Health/Health Care/Life Sustaining Values, Morals, and Ethics

Abstract: The purpose of this paper is to raise awareness and stimulate discussion and research into maternity care options for Aboriginal women living in remote areas of Australia and Canada. These two countries have similar situations in that some communities are so remote that emergency medical care requires the use of aircraft. In addition, both countries have, since the 1970s, adopted policies for the transfer of mothers in late pregnancy to hospitals in urban centres. For many Aboriginal families this policy has been far from ideal. As a result, some Aboriginal women fail to seek early health care when pregnant. In order to counteract this, it is necessary to offer culturally sensitive maternity care that Aboriginal women will accept. The results of an evaluation of a birthing centre in the Canadian Arctic will be presented along with a range of birthing choices for remote area Aboriginal women and their families. Some of these options have already been initiated by some midwives. This paper challenges health service providers to identify the method of maternity health services required by Aboriginal families and provide creative solutions to meet those needs in a safe and cost-effective way.


Keywords: Canada/Health/History/Inuit Women

Abstract: An evaluation of a midwife-operated community birthing center was conducted to identify whether it would be safe, cost-effective, and psychologically and socially satisfying for Inuit women in one community in the Northwest Territories. Two nurse-midwives provided antenatal and postnatal care to all pregnant women and delivered those designated as ‘low risk’ for complications. Another community similar in size but without a community birthing service which was culturally sensitive. The women who had their infants in the community expressed satisfaction for a number of reasons (Journal Abstract).


Keywords: Health/Inuit Women

Abstract: Report of a midwife-operated birthing centre in Rankin Inlet. The study attempted to determine whether it would be safe, cost-effective and psychologically and culturally satisfying for Inuit women to use such a birthing centre. The study found that midwives were able to provide a high quality, comprehensive service which was culturally sensitive. The project was only partially cost effective because only a small number of births were deemed eligible by existing risk scores and because of the policy of transferring women with first births. However, the community saw many non-dollar benefits to the birthing centre
Annotated Overview of Research on Aboriginal Women, Health and Healing


Keywords: Canada/Inuit Women/Montreal

Abstract: The Innuulisivik Maternity is a northern-based service in Povungnituk, Quebec, which serves the Inuit women of the Hudson Coast. Although most women stay in the North for childbirth, others are transferred south. This paper will describe the experience of the Innuulisivik Maternity, which uses committee-based risk assessment for transfer decisions. Data for the three-year period 1989-1991 were examined. Descriptive statistics were used to compare the observed differences in the distribution of several variables according to birthplace. Data were available for 411 women. Three hundred fifty (85.2%) of the births occurred at Innuulisivik; 44 (10.7%) women were transferred and 17 (4.1%) were nursing station births. In 80% of transfers, clinical conditions were identified which in themselves usually require transfer. Premature labor was prevalent in the transfer group. The data demonstrate that risk scoring by consensus is a viable option for northern birthing units. Finally, logistical and cultural factors should be included for meaningful risk assessment in the North (Journal Abstract).


Keywords: Aboriginal Women/Health/Manitoba/women

Abstract: This report discusses the medical, socioeconomic, cultural, and geographic factors affecting pregnant Manitoba Aboriginal women. It includes recommendations for improving the health situation of Aboriginal women and children.


Keywords: Aboriginal Midwifery/Canada/Culture/Healing

Abstract: The impact of colonialism felt by Aboriginal midwives who practiced birthing in their own communities is brought to the fore. Carol Coochie and Herbert Nabigon explore traditional Aboriginal midwifery, and connect the healing and strengthening of contemporary Aboriginal communities with midwifery care.


Ref Type: Unpublished Work

Keywords: Canada/Cultural Integrity and Identity/Inuit Women/Life-Sustaining Values, Morals, and Ethics/women

Abstract: This project will combine analysis of interview data, review of available literature and the personal accounts of the Elders. The Elders will be asked to verbally respond to a series of open questions aimed at gathering data to meet the objectives of the research of traditional Inuit practices related to pregnancy and childbirth.


Keywords: Canada/History/Inuit Women/women

Abstract: There is a tension between traditional and modern definitions of reproductive risk and normalcy. This excerpt describes that tension as it plays out among the Inuit of northern Canada from the perspective of a community midwife who has worked with the Inuit. She presents an analytical framework which classifies and illuminates the types of logic that compete in most birth settings around the world – a framework useful for showing how some types of logic can be subvalued while others, such as cultural or intuitive logic, are devalued or simply ignored, often at great cost. The forced evacuation of all pregnant Inuit women from northern Canada for the “privilege” of a hospital birth in the south illustrates the imbalance created when decisions purported to be based on one kind of logic (scientific) are in reality based on another (e.g., legal and clinical), or when any type of logic is given undue authority. After presenting the analytical framework and describing some of the history of Inuit childbirth, the author tells the story of one Inuit settlement’s attempt to re-integrate the authoritative knowledge of the community by allowing Inuit midwives to choose their own criteria for balancing the imperatives of each kind of logic in decision making for birth (Journal Abstract).


Keywords: Culture/Health/Social Support
Abstract: To describe the sociocultural patterns that promote breastfeeding or weaning in the Ojibwe community, which has very low breastfeeding rates compared to the general population. Design: A focused ethnographic approach with an ecological framework provided community-level data. Semi-structured interviews (N=52) were conducted in an urban Ojibwe community and with three groups of women: health or social service providers, women currently breastfeeding, or people who acted as resources. Data were analyzed using an ethnographic approach. Group summaries were compiled and community-level patterns were identified. Four patterns were identified that encompassed the influences of (a) Ojibwe and mainstream cultures (traditions), (b) communication-related barriers from a variety of sources (mixed messages), (c) socioeconomic issues (life circumstances) and (d) social support (nurturing and supporting). The values and practices of the studied group were not always congruent with those of the larger mainstream culture. Successful breastfeeding promotion and intervention programs based on culturally relevant perspectives are needed.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Basic Physical Needs/Canada/ Diabetes/ Health

Abstract: Purpose: To review the pregnancy outcomes of Aboriginal women with non-insulin-dependent diabetes mellitus (NIDDM) in the Sioux Lookout Zone of northwestern Ontario, Canada. Method: Retrospective chart review of deliveries of all women with a confirmed diagnosis of NIDDM was carried out between 1989 and 1992. Results: During this period, 26 infants were born to 19 women with the diagnosis of NIDDM. Mean birth weight was 4,075 grams, with an average gestational age at delivery of 38 weeks. Three newborns required cesarean delivery, one required forceps, and one a vacuum extraction. There were four cases of shoulder dystopia. There were one stillbirth, one maternal death, and two cases of congenital heart disease. Ten newborns had neonatal jaundice and only two had neonatal hypoglycemia. These results suggest there is significant risk associated with pregnancy-induced hypertension, labor induction by artificial means, fourth degree tears, anything other than a spontaneous vaginal delivery, or any newborn requiring more than a minimum of resuscitative measures.


Keywords: Health/Newborn/Birthing

Abstract: Within the Rankin Inlet Birthing Project, primipara (first baby) prenatal populations were not offered midwife-assisted, elective delivery because of the unknown outcome of an untried pelvis. No data of primipara outcomes of Canadian northern populations have been published to allow comparisons. Over 36% of the Rankin Inlet Birthing Project prenatal populations were primipara. A review of primipara outcomes from November 1993 to December 1995 indicated that 19 (38.7%) of 49 primipara deliveries were complicated. However, 13 (68.4%) of the 19 were anticipated to be complicated and would have been referred to hospital for delivery. A complication was defined as anything which could not have been managed by midwives in an isolated community health center, e.g., pregnancy-induced hypertension, labor induction by artificial means, fourth degree tears, anything other than a spontaneous vaginal delivery, or any newborn requiring more than a minimum of resuscitative measures.


Keywords: Adults/Alcohol dependence and alcoholism/Children/FAS/FAE/ Pregnancy/ Women/British Columbia/First Nations/ History

Abstract: This guide answers many frequently asked questions about FAS and fetal alcohol effects (FAE), including history, causes, diagnosis, and characteristics of children with FAS/FAE at different stages of their lives. This is a guide for families of pre-conceptional and pregnant women and FAS-affected adolescents and young adults and their families.


Keywords: Ethnicity/Fetal Alcohol Syndrome/ Effects/Native women/Prevention

Abstract: An inductive methodology, known as grounded theory, was utilized in an attempt to inform and challenge current theory and practice governing contemporary prevention efforts specifically targeting pregnant Native women. Various strands of the picture are filtered through a critical lens in an attempt to deconstruct the problematization of FAS within Aboriginal communities. The three primary strands identified were the relationships of alcohol to women; alcohol to ethnicity; and alcohol to Natives. The deconstruction of the problem of FAS yields implications on two levels: (1) epistemologically, the relationships between social control and language and discourse, and ideology, knowledge and power, are identified as being of concern, needing to be
critically challenged and reconstructed; and (2) on an applied level, it is argued that there is a need for a more comprehensive approach to prevention efforts, with clearly defined goals that are both culturally relevant and adopt a more holistic approach to prevention.


Keywords: First Nations Women/British Columbia

Abstract: Unavailable


Keywords: Aboriginal Women/Culture


Keywords: Aboriginal Women/Birthing


Keywords: Canada/Health/Health Care/Inuit Women/women

Abstract: The Inuulitsivik maternity is unique in Canada for having Inuit women train on the job to become community midwives. This training program provides a model of cooperation between health care professionals and community members which serves the needs and interests of the community at large. The purpose of this report is to gather information on this organization so that other Aboriginal communities across the country could benefit from its experiences. Drawing upon interview and other source material, the author provides an historical overview of the Inuulitsivik maternity, identifies relevant policy issues, undertakes an epidemiological evaluation of the services provided by the maternity and explores cultural aspects of birth in Inuit communities today and in the past (Dion Stout, 1997).


Keywords: First Nations/Manitoba

Abstract: This article by Rosemary Forbes discusses some the traditions of Aboriginal child rearing from the St. Martin’s First Nations community.


Keywords: Canada/Children/Health/Manitoba/women

Abstract: Fetal alcohol syndrome and fetal alcohol effects have become a great concern over the past two decades here in Manitoba. Many of the children affected by this disability are being taken from their biological homes and placed in foster and adoptive care. Women continue to be the main care providers for these children through their childhood and on into their adolescent and adult years. This thesis is a qualitative analysis of the role of women as caregivers to persons affected by prenatal exposure to alcohol. Sixteen women were interviewed in an attempt to understand their experiences of raising and caring for fetal alcohol-affected adolescents and young adults. The thesis explores the caregivers’ struggle to understand the disability, learn new parenting strategies and gain support from service providers. A phenomenological approach was taken to analyze the interviews. The women were found to be struggling with the huge task of caring for this population group and with the lack of services available to provide ongoing support for FAS/FAE individuals as they reach adulthood. It is apparent that society has not found a way to support this population group. These women continue to nurture and sacrifice their personal development, career prospects, and mental and physical health to care for this population group well into adult years. Society continues to exploit these women. We as a society need to find ways to better support persons who take on the task of caring for individuals with FAS/FAE. Community-based approaches to looking after persons affected by FAS/FAE are preferred over those that continue to exploit women (Author Abstract).


Keywords: Aboriginal Midwifery/Critical Learning Opportunities

Abstract: Discusses the implications of the legalization of midwifery in Québec for Nunavik midwives delivering babies according to traditional Aboriginal midwifery in Québec. The PQ government’s new bill would make Nunavik’s birthing centres illegal (CWHN Abstract).

37. Godel, J. C., Basu, T. K., Pabst, H. F.,

Keywords: Canada/Newborn/Prevention

Abstract: Vitamin A (retinol) status was determined in two groups living in the northern part of Canada: Native (Indian and Inuit) and non-Native (Caucasian). The dietary intake of vitamin A and its plasma concentration were measured prenatailly, at delivery and postnatailly in mothers. Plasma concentrations were also measured at birth and postnatailly in their infants. The mean vitamin A intake of Native mothers was significantly lower than that of non-Native mothers. We speculate that vitamin A supplementation in Native northern Canadian mothers during pregnancy and in their neonates during infancy may have a role to play in the prevention of vitamin A deficiency.


Keywords: Canada/Canadian Women/Children/Ethnic Groups/Health/women

Abstract: One hundred thirty-three Canadian women (Aboriginal, French-Canadian, and English-speaking) who were either mothers, pregnant, or trying to conceive were asked open-ended questions about why they wanted children. The findings indicate that the decision to have children is an emotional decision. There were no differences between the ethnic groups or between the different stages of parenthood regarding the reasons the women said they wanted children.


Keywords: Obstetrical Services/Isolated Communities

Abstract: Unavailable


Keywords: Diabetes/Education/First Nations/Health

Abstract: This resource book for community health workers working with prenatal clients in First Nations communities covers important topics about healthy eating and nutrition during pregnancy. The last two sections also deal with postnatal nutrition: breastfeeding and infant nutrition. Designed as a consumer health resource and patient education facilitator’s guide to designing a prenatal program, the resource book includes handouts and covers topics such as vitamins and minerals, shopping and cooking, alcohol and drug use during pregnancy, diabetes, discomfort, and physical activity.


Keywords: Adequate Income and Sustainable Economies/Basic Physical Needs/Canada/Manitoba/Social Support/women

Abstract: Reports briefly on investigation of risk factors for spontaneous preterm birth among Aboriginal and non-Aboriginal women in Manitoba. The author also discusses the impact of vaginal bleeding and gestational hypertension including the influence of low social support and low self-esteem.


Keywords: Adequate Human Services and Social Safety Net/First Nations/First Nations Women/Health/Health Care/Manitoba

Abstract: The purpose of this study was to describe the utilization of antenatal services by First Nations women in four northern Manitoba communities between January 1996 and December 1996, and to explore possible relationships between the women’s behaviors and antenatal clinic attendance. This study indicated that First Nations women received an optimal level of antenatal service. On average, the women first came to the nursing station in the ninth week of pregnancy and saw the health care provider -- generally a nurse -- ten times for routine visits before maternal evacuation. A minority of women, however, had fewer than five visits. The frequency of routine antenatal clinic attendance was explained by the linear multiple regression model. A higher number of past pregnancies was associated with a decrease in the number of routine antenatal visits, while the number of pregnancy losses predicted the number of visits, after other variables had been taken into account. Married marital status was a positive predictor for the early initiation of care, after past pregnancies and risk score have been taken into account (Journal Abstract).

University of Manitoba.

Keywords: Cree Nation/Research/Birthing Practices

Abstract: This multi-method study explores the responsiveness of participatory action research (PAR) with Nisichawaying Cree Nation in coming to understand how birthing practices might more optimally reflect the needs of this community. The PAR process can be seen to creatively meet mutual research goals (Abstract).


Keywords: Canada/Infant Care/Manitoba/ Risk Factors

Abstract: Objectives. To study infant care practices and lifestyle choices of Aboriginal mothers and a comparison group. Relevance: To help formulate preventive strategies for sudden infant death syndrome (SIDS) in Aboriginal infants. Methods: A two- part design was used. Sixteen in-depth interviews with mothers of infants were completed and analyzed using qualitative methods. Recurrent patterns in infant care practices, the language used to describe infant care, and sources of infant care information were sought. These data were used to construct a standardized survey tool, and to provide additional context to the quantitative results. The second phase consisted of a cross-sectional survey; administration of the questionnaire by trained interviewers in the home, which was linked to perinatal data from the provincial postpartum database. All mothers with an infant 1-6 months old in selected northern Aboriginal (4) and non-Aboriginal (4) communities were approached to participate. An urban sample consisted of those mothers with apparent Aboriginal surnames in selected neighbourhoods and a random sample of the remainder. Data were collected from 126 self-declared Aboriginal and 144 non-Aboriginal mothers.


Keywords: Iron-deficiency/Aboriginal Women/ Infants/Nunavik

Abstract: Purpose: This paper documents the problem of iron-deficiency anemia in the Inuit region of Nunavik, in Northern Quebec, particularly among pregnant women and infants. It also addresses the issue of Helicobacter pylori gastritis as a possible cause of anemia in this population.


Keywords: Canada/Education/Health/ Medicine/Midwifery/Montreal/Newborn/ Northern Communities/women/Quebec/ Pregnancy

Abstract: This article discusses a five-year retrospective survey of the perinatal care in Inukjuak, Nunavik.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Canada/Canadian Women/Diabetes/Health

Abstract: Objectives: The study evaluates the differences between Aboriginal and Caucasian women in the levels of maternal serum markers used in second-trimester Down’s syndrome screening. Since Aboriginal women make up only a small proportion of women screened, correcting the level of uE3 for this group will have little effect on the overall screening performance. However, if these results are confirmed by further study, individual centres may consider making this correction, so optimal screening performance can be achieved in Aboriginal women.


Keywords: Aboriginal Women/Adequate Power/Canada/Cultural Integrity and Identity/ Culture/Health/Strong Families and Healthy Child Development

Abstract: This paper traces the history, in northern Canada, of what childbirth has been made to stand for in the relationship between Aboriginal women and the agents of colonization. During the early centuries of contact, European impressions of Aboriginal women were dominated by associations with animal nature and the myth of painless childbirth, with the result that the culture of childbirth and the role of the midwife were overlooked. During the 19th century, the emphasis upon racial difference was reinforced by evolutionary theory, and the myth of the ‘savage’ woman’s ‘parturition without pain’ was put to rhetorical use by health reformers, physicians, and feminists in Europe and North America. Meanwhile, the realities surrounding childbirth in Aboriginal communities received
little attention from colonial authorities until high infant and maternal death rates began to arouse official concern in the early 20th century, when they were blamed on Aboriginal women’s ignorance of healthy child-bearing practices. As part of its ‘civilizing mission’, the Canadian government adopted an interventionist policy which led, in recent decades, to the practice of evacuating pregnant women to distant hospitals. This policy has had serious social consequences, and resistance on the part of Aboriginal women includes the attempt to legitimize a traditional culture of childbirth disregarded throughout the colonization process (Journal Abstract).


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/Basic Physical Needs/Health/Health Care/women

Abstract: Objective: To assess the association of Aboriginal and socioeconomic status with birth outcome and maternal morbidity in Alberta. Methods: A retrospective cohort study using Alberta Health Service and vital statistics data from 1997 to 2000. Aboriginal women registered with the Department of Indian and Northern Development (DIAND) were linked to a personal health number. Low socioeconomic status was defined as either receiving subsidization for the Alberta Health Care Insurance premium or receiving welfare. Results: Women registered with DIAND and women receiving subsidy or welfare were younger, more often unmarried, smoked more, consumed more alcohol, and abused more illicit drugs than other women in Alberta during the time period studied. Fewer women registered with DIAND and women receiving subsidy or welfare had physician prenatal visits, attended prenatal classes, had forceps or vacuum deliveries, and more of these women frequently had gestation ages less than 37 weeks. Women registered with DIAND had more deliveries in smaller, non-metropolitan facilities; and more of these women delivered outside their region of residence; more had longer lengths of hospital stay; more mothers and neonates were re-admitted to hospital within 28 days of discharge after delivery; fewer delivered small-for-gestational-age neonates; fewer delivered neonates with birth weight less than 2,500 g, but more delivered neonates with birth weight greater than 4,000 g. There were fewer Caesarean sections in women registered with DIAND (OR = 0.84, 95% CI 0.76-0.93) and in women receiving subsidy or welfare (OR = 0.88, 95% CI 0.82-0.93). Conclusion: Women receiving subsidy or welfare and women registered with DIAND had many demographic similarities and generally had worse maternal and neonatal outcomes than other women in Alberta (Journal Abstract).


Keywords: Health/Manitoba/Inuit Women

Abstract: Unavailable


Keywords: Health/Research

Abstract: Unavailable


Keywords: Government/Inuit Women/ Mortality Rates/women

Abstract: In this article the authors explore the implications for obstetric policies and practice of methods of recording, retrieving, and evaluating information. More particularly, they are concerned with the use of obstetrical records as a means of communication and surveillance, but also as a source of statistics. Perinatal mortality rates have assumed the status of ritualistic formulae cited in defense of any challenge to the medicalization of childbirth. As illustration the authors examine the role of the obstetrical record in the extension of medical control over childbirth among Inuit women from the Keewatin Region of the Northwest Territories. The introduction of medical services into the Arctic by the federal government led to the displacement of traditional ways of childbirth and to the evacuation of women to give birth far from their communities in southern hospitals. Decreases in the perinatal mortality rate became both justification of this policy and a symbol of the beneficence of a government presence in the North.


Keywords: Canada/First Nations/History/ Men/ Pregnancy/women

Abstract: The purpose of this study was to explore the past traditional experience of pregnancy and childbirth of a subculture of Canadian Aboriginal people. Using an ethnographic method, a group of ten key
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: A cross-sectional survey was conducted in one First Nations community in Manitoba to determine the prevalence of Fetal Alcohol Syndrome (FAS) among 178 school-aged children (ages 5 years to 15 years). The study consisted of four parts: a maternal interview, where mothers were questioned about family dynamics, pregnancy and family histories, as well as alcohol use during pregnancy using the TWEAK screening questionnaire; review of the child’s birth records, to confirm alcohol exposures reported by the mother; dysmorphology assessment by a clinical geneticist; and psychoeducational testing by a trained retired teacher. The geneticist and teacher were blind to the alcohol exposure status of each child at the time of assessment. The dysmorphology parameters, which differ significantly between the alcohol-exposed and unexposed groups are: decreased height and weight, head circumference and palpebral fissure lengths, and midface hypoplasia. Growth parameter data of the “Normal” category of school-aged children were used to generate standard Native growth curves for school-aged children from this community. These curves were compared to the preexisting curves in the literature, primarily derived using Caucasian data, and showed significant differences between the two populations. With respect to postnatal growth, Native children from this community tend to be heavier, taller, have larger head circumferences, longer fingers, and more widely spaced eyes than their Caucasian counterparts. Comparison of the FAS and Partial FAS children with the Native curves increased the number of children that would be considered “classic” FAS cases, as opposed to comparisons against Caucasian standards (Author Abstract).

Keywords: Aboriginal Women/Basic Physical Needs/Canada/Critical Learning Opportunities/Diabetes/Education/Prevention/women

Abstract: Objective: Exercise has been shown to prevent type 2 diabetes mellitus and could play a role in the prevention and treatment of gestational diabetes mellitus (GDM). This paper describes the process and outcome of a prenatal exercise program for urban Aboriginal women in Saskatoon, Saskatchewan, Canada. Method: The authors developed a weekly fitness program with incentives aimed at accommodating the needs of the target population. Fifty-one percent of participants completed a program evaluation questionnaire. Results: During its two-year course, the program attracted 69 participants of various ages, stages of pregnancy and education and fitness levels. Water aerobics and walking were the most preferred activities. Snacks and designated social time proved to be important incentives for attendance. While engaged in the program, 91% of participants reported improved fitness levels and 89% reported heightened self-esteem. Conclusions: Although exercise programs for urban Aboriginal prenatal women are challenging to design, they are necessary and feasible. Factors that influenced participation in one such exercise program is identified (Journal Abstract).

Keywords: Breast Feeding/Canada/Diabetes/Health/Inuit Women/women

Abstract: This article examines patterns of breastfeeding among Indian and Inuit women in Canada. In general, the authors find that Aboriginal breastfeeding rates parallel those of non-Aboriginal mothers, while noting that the incidence of smoking and gestational diabetes have both served to influence breastfeeding practices among Aboriginal mothers in particular. Moreover, the authors argue that Aboriginal mothers require additional support in order to continue breastfeeding longer (Dion Stout, 1997).

Keywords: Children/First Nations/First Nations Communities/History/Manitoba/Pregnancy

Abstract: A cross-sectional survey was
Abstract: Objective: To describe perinatal outcomes and maternal characteristics among American Indian/Alaska Native (AI/AN) women with diabetes in pregnancy. Study Design: A retrospective analysis of live births to AI/AN, African-American and white women with diabetes (242,715) during pregnancy for the 1989-1991 period (latest available at the time of study) was conducted utilizing a linked birth/infant death database from the National Center for Health Statistics. AI/AN perinatal outcomes and maternal characteristics were compared to those of African-American and white women. Similar analyses compared urban and rural AI/AN populations. Results: AI/AN women were more likely than white women to receive inadequate prenatal care (10.4%), to have higher rates of pregnancy-induced hypertension (9.1%) and to have significantly lower rates of primary cesarean delivery (16.9% vs. 22.3%). The rate of macrosomia among births to AI/AN women (24.2%) was notably higher as compared to that in the white population (17.9%). Rates of musculoskeletal and chromosomal anomalies were also higher among AI/AN women. 9 and 4, respectively, per 1,000 live births, as compared to 6 and 2 per 1,000 for the white population. Conclusion: Multiple maternal risk factors and birth outcomes demonstrate the need for further research to evaluate methods of improving care in this population (Journal Abstract).

Keywords: Canada/First Nations/First Nations Reserves/Health/Health Knowledge

Abstract: Aboriginal preschool children across Canada are at increased risk for Early Childhood Caries (ECC) when compared with their non-Aboriginal preschool age cohorts. Current research indicates that public dental health programs fail to prevent ECC because intervention often arrives too late. Objectives: to evaluate the effectiveness of the dental hygiene-coordinated prenatal nutrition program, delivered by community-based nutrition educators on First Nations reserves located in the Sioux Lookout Zone (Northwestern Ontario) on: (1) parent/caregiver’s beliefs and behavioural decisions related to dental preventive practices and feeding habits of young children; (2) oral health status and treatment needs of those children; (3) early childhood obesity. Methods: Cross-sectional oral health surveys of Anishnaabe 2-5-year-olds conducted in 2001 and 2002 in 16 communities; 8 communities classified as “high” intervention and 8 as “low” intervention based on frequency of contact and content of contact between nutrition educators and prenatal women. Training and calibrated dental hygienists examined children for dental caries and oral hygiene and measured height and weight. A questionnaire was used to assess caregiver knowledge, beliefs, and practices in relation to the oral health of the child. Results: 471 (72% response) and 705 (65% response) caregiver-child pairs participated in 2001 and 2002, respectively. Oral health knowledge in this population was high and significantly higher among caregivers in the high-intervention communities. In high-intervention communities, caregivers brushed children’s teeth more frequently and started at an earlier age. Differences in feeding habits were noted with regard to bottle feeding on child’s demand and the sugar-rich content of the bottle. Children in high-intervention communities required dental treatment under general anesthetic (GA) but at a later age, were less likely to have abscessed teeth and had less untreated decay by age 4 than those in the low-intervention communities. The program also had significant positive effects on the child’s oral hygiene and body mass index. Conclusion: The prenatal nutrition program improved caregivers’ knowledge of ECC. However, factors that place undue strain on the caregiver and lead to poor hygiene and dietary habits among children in Aboriginal communities need to be addressed. Some strategies to confront these factors are discussed in the paper (Journal Abstract).

Keywords: Adequate Power/Health/Safety and Social Justice and Equity/ Women’s Security/Social Justice and Equity/ Women’s Rights/Aboriginal Women

Abstract: Unavailable

Keywords: Inuit Women/Birthing

Abstract: An overview of the birthing options currently open to Inuit women is provided by the author as well as the forms of resistance which these women use to resist forcible evacuation to a southern hospital. The author argues that given the undisputed expertise of Inuit midwives, there is ample room for the development of alternatives to evacuation, with one notable example being the maternity centre at Povungnituk in northern Quebec (Dion Stout, 1997).

Keywords: Inuit Women/Birthing

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Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: Fetal Alcohol Syndrome (FAS) is a diagnosis for children whose mother abused alcohol during pregnancy. It is critical to understand this issue from a birth mother’s perspective.

Keywords: Aboriginal Women/Effects/First Nations

Abstract: A conceptual model for planning adolescent prenatal programs was developed that anticipated future trends, was easily modifiable, and fostered community self-direction.

Keywords: Adequate Human Services and Social Safety Net/First Nations

Abstract: Background: Increasingly more First Nations (FN) people have moved from rural to urban areas. It is unknown how disparities in infant mortality among FN versus non-FN women have changed over time in urban versus rural areas.


Results: Both neonatal and postneonatal mortality rates for FN infants showed a steady decline in rural areas but a rise-and-fall pattern in urban areas. Relative risks for overall infant death among FN versus non-FN infants declined steadily from 2.75 (95% CI: 2.04, 3.72) to 1.87 (95% CI: 1.24, 2.81) in rural areas from 1981-1984 to 1997-2000, but rose from 1.59 (95% CI: 1.27, 1.99) (1981-1984) to 2.80 (2.33-3.37) (1989-92) and then fell to 1.89 (1.44-2.49) (1997-2000) in urban areas.

Abstract: Adequate Human Services and Social Safety Net/First Nations/Health/Mortality Rates/Strong Families and Healthy Child Development/women


Keywords: Children/Fetal Alcohol Syndrome/Effects/First Nations/Pregnancy

Abstract: Fetal Alcohol Syndrome (FAS) is a birth defect caused by heavy prenatal alcohol exposure and manifested by a cluster of specific features. The FAS diagnosis is employed when children whose mother abused alcohol.

Keywords: Canada/Status of Women

Abstract: Unavailable


Keywords: Fetal Alcohol Syndrome/Effects/First Nations

Abstract: Alcohol-related birth defects (ARND) including Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/E) are topics attracting much attention. Prevalence of alcohol abuse among some Aboriginal communities combined with the relative abundance of on-reserve research funding have inextricably linked FAS/E with the Aboriginal community. Given that children can only be affected by alcohol in utero, blame is often placed exclusively on the birth mother. Since the “discovery” of FAS/E in 1968, the medical field has conducted the majority of research. Although invaluable, it has done little to further our understanding of the socio-epidemiological aspects of this syndrome. The historical relationship between alcohol and Aboriginals, social factors, biased diagnosis and colonization all play fundamental roles in understanding the genesis of FAS/E in the Aboriginal community. Interviews with an Aboriginal birth mother who drank throughout her pregnancies, her mother who attended residential schools and her daughter, provide a personal and intergenerational look at the malaise underlying FAS/E. The term “birth mother” is used in this paper to denote a woman who has given birth to a child affected by alcohol and/or who has consumed alcohol during her pregnancy. Although many writers use this term strictly for mothers who have given birth to a child affected by alcohol in utero, because my interest is more in discovering the determinants that would lead a woman to drink during her pregnancy than whether she gave birth to a child affected by alcohol, I use the term as stated above.


Keywords: Children/Fetal Alcohol Syndrome/Effects/First Nations/Pregnancy
FN versus non-FN were largely explained by differences in preterm birth, while the disparities in postneonatal death were not explained by observed maternal and pregnancy characteristics. Conclusions: Reductions in disparities in infant mortality among FN versus non-FN women have been less substantial and consistent over time in urban versus rural areas of British Columbia, suggesting the need for greater attention to FN maternal and infant health in urban areas.


Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Education/Inuit Women/Prevention

Abstract: The researchers of this article used Statistics Canada’s linked stillbirth, live birth and infant death files to assess the risks of adverse pregnancy outcomes among Inuit and North American Indian vs. other ethnic women in Quebec between the years of 1985 to 1997. Both Inuit and Indian infants had much higher risks of sudden infant death syndrome (SIDS) and infection-related mortality. Although the absolute risks of adverse outcomes declined from 1985-87 to 1995-97, the relative disparities between Aboriginal and non-Aboriginal women changed little over this period. The authors concluded that Inuit and Indian women have different risk profiles for adverse pregnancy outcomes, and that prevention of preterm birth among Inuit women, and of SIDS and infection-related infant mortality in both Aboriginal groups, are important targets for future research and intervention.


Keywords: British Columbia/First Nations/Health/Mortality Rates

Abstract: Background: Increasingly more First Nations (FN) people have moved from rural to urban areas. It is unknown how disparities in infant mortality among FN versus non-FN women have changed over time in urban versus rural areas. Methods: We conducted a cohort-based birth study of all 877,925 live births (56,771 FN and 821,154 non-FN) registered in British Columbia, 1981-2000. Main outcomes included rates, risk differences, and relative risks of neonatal, postneonatal, and overall infant death. Results: Both neonatal and postneonatal mortality rates for FN infants showed a steady decline in rural areas but a rise-and-fall pattern in urban areas. Relative risks for overall infant death among FN versus non-FN infants declined steadily from 2.75 (95% CI: 2.04, 3.72) to 1.87 (95% CI: 1.24, 2.81) in rural areas from 1981-1984 to 1997-2000, but rose from 1.59 (95% CI: 1.27, 1.99) (1981-1984) to 2.80 (2.33-3.37) (1989-92) and then fell to 1.89 (1.44-2.49) (1997-2000) in urban areas. Risk differences for neonatal death among FN versus non-FN infants declined substantially over time in rural but not urban areas. The disparities in neonatal death among FN versus non-FN were largely explained by differences in preterm birth, while the disparities in postneonatal death were not explained by observed maternal and pregnancy characteristics. Conclusions: Reductions in disparities in infant mortality among FN versus non-FN women have been less substantial and consistent over time in urban versus rural areas of British Columbia, suggesting the need for greater attention to FN maternal and infant health in urban areas (Journal Abstract).


Keywords: Canada/History/Inuit Women/First Nations/women/British Columbia/Mortality Rates/Pregnancy/Health

Abstract: To evaluate the rate and causes of preterm (before 37 weeks gestation) and very preterm (before 32 weeks gestation) delivery among a population of Inuit living in Canada. Study Design: Three-year retrospective cross-sectional review of charts for patients delivering in the Baffin Region of Canada. It was determined that Inuit women had preterm and very preterm delivery rates more than twice the Canadian national average. Preterm delivery was associated with several medical risk factors and resulted in significant increases in infant hospitalization and mortality.


Keywords: Aboriginal Women/Ethnic Groups/Health/Medicine

Abstract: Background: Violence during pregnancy is a health and social problem that poses particular risks to the woman and her fetus. To address the lack of Canadian information on this issue, the authors studied the prevalence and predictors of physical abuse in a sample of pregnant women in Saskatoon. Methods: Of 728 women receiving prenatal services through the Saskatoon District public health system between Apr. 1, 1993, and Mar. 31, 1994, 605 gave informed consent to participate in the study and were interviewed in the second trimester. Of these, 543 were
Abstract: Martens undertook research to determine prevalence and duration of breastfeeding among Aboriginal women giving birth in four First Nations communities as well as to determine factors associated with breastfeeding choice and duration, based on a revised model of “reasoned action.” Semi-structured qualitative interviews with 11 individuals were conducted in the Sagkeeng First Nation, Manitoba.


Keywords: Education/First Nations/Health/Health Care/Manitoba/Social Support


Keywords: Aboriginal Women/First Nations/First Nations Communities/Health/Health Care/Manitoba/women

Abstract: In a prospective study of pregnant women (n = 36) in four southern Manitoba First Nations communities to test a breastfeeding decision-making model, maternal perceptions of the impact of referents (individuals and groups which impact a woman’s decisions) was measured. A quantitative “referent score” comprised of a measure of the referent’s “breastfeeding supportiveness” and a measure of maternal compliance with the referent. The woman’s own mother, the community health nurse, and the physician were perceived as highly supportive of breastfeeding, and as people with whom the woman was most likely to comply. Women also identified the timing of their infant feeding decisions, as reported in the third trimester of pregnancy. Only 22% had decided prior to pregnancy. During the third trimester, 36% did not know their infant feeding choice. Women forced to verbalize a “choice” prior to being informed may make decisions based on the perceived cultural norm, which may be bottle feeding. A neutral attitude by health professionals may be harmful if it prevents informed choice by pregnant or postpartum clients. Prenatal education of the pregnant woman with her own mother, and adolescent school education of the peer group (sisters, close friends and male partner) may need to be incorporated into a community strategy to promote breastfeeding (Journal Abstract).


Keywords: Canada/Education/Gender/Health/Manitoba

Abstract: Sagkeeng First Nation’s adolescent breastfeeding educational session was evaluated using a randomized pretest-posttest control group design. The intervention group received the session first; the control group received the session following the posttest. A retention test to measure overall retained learning was given to all students ten days later. Belief in breastfeeding increased (mean +/ SD = 41.9 to 47.0, P = .0047) from pretest to posttest for intervention subjects but not for controls. There were no changes in bottle-feeding beliefs or breastfeeding attitudes. There was an increase in breastfeeding beliefs from pretest to retention test for all students (true treatment effect [TTE] = .85 standard deviation units [SDU], P = .004). Learning was gender specific, with females experiencing increases in breastfeeding beliefs (TTE = 1.12 SDU, P = .004), decreases in bottle-feeding beliefs (TTE = -.77 SDU, P = .04), and a trend to increased breastfeeding attitudes (TTE = .41 SDU, NS). Males showed small, inconsistent learning effects. Learning occurred in the areas of health, convenience, cost, and decreased embarrassment (Journal Abstract).
Abstract: The effectiveness of two Sagkeeng First Nation breastfeeding initiatives—prenatal instruction by a community health nurse and a postpartum peer counselor (PC) program for breastfeeding women—was evaluated at a community level through chart audits. The author notes that breastfeeding initiation rates increased from 38% in 1995 to 60% in 1997. Qualitative interviews confirmed PC clients as more satisfied and more confident about breastfeeding, with fewer problems and more information.


Keywords: Canada/Education/Manitoba/Research/First Nations Women/Breastfeeding

Abstract: Objectives of this research were to evaluate: (1) a peer counselor (PC) program, designed to increase satisfaction with and duration of breastfeeding; (2) a school adolescent teaching session, designed to create positive breastfeeding beliefs and attitudes; (3) a hospital education program, designed to decrease supplementation rates of breastfed babies, increase compliance with the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI), and create positive beliefs/attitudes; (4) the effectiveness of community breastfeeding promotion activities from 1992 to 1997. The PC program evaluation was a separate sample pretest - post-test design, (comparing women who did or did not receive the program), using a survey based on the Breastfeeding Decision-Making Model (Martens and Young, 1997), qualitative semi-structured interviews (n = 22), and community chart audits. The PC program was associated with a decreased risk of weaning (0.47, 95% CI 0.22-0.99, p = 0.04, 1996-97 data adjusted for parity and birth weight), increased satisfaction with breastfeeding (median 5 vs. 4, p = 0.07; n = 22), decreased number of reported breastfeeding problems (median 1 vs. 2, p = 0.044), and recognition of the Peer Counselor as a valuable resource. The school evaluation was a randomized pretest - post-test control group design. The session was associated with an increase in Breastfeeding Beliefs (true treatment effect TTE 0.85, p = 0.004). Learning effects were gender specific. Females experienced an increase in Breastfeeding Beliefs (TTE 1.12, p = 0.004), decrease in Bottle Feeding Beliefs (TTE -0.77, p = 0.04), and possible increases in Breastfeeding Attitudes (TTE 0.41, NS). Males showed small, inconsistent learning effects. The hospital evaluation was a quasi-experimental pretest - post-test design, using staff surveys and chart audits. The intervention hospital experienced an increase in BFHI compliance (24.3 to 31.9, p = 0.0009) and in breastfeeding knowledge (55.0 to 58.8, p < 0.05), and a decrease in supplementation of breastfed babies (6% supplemented before, 46% after; p = 0.017). The Sagkeeng community breastfeeding initiation rate of 60% in 1997 was higher than any year from 1992 to 1996 (RR = 1.5, adjusted for birth weight and parity, p = 0.0009). This was associated with promotional efforts, including production of resource materials and changes in prenatal education (Journal Abstract).


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net

Abstract: The authors proposed the development of brief alcohol interventions that consider the characteristics/needs of physicians and Aboriginal mothers. Researchers would develop the qualitative methods used to introduce information to and learn from stakeholders. The intervention would have six core operational characteristics where the intervention would: (1) identify “at-risk” women; (2) assess drinking behaviours; (3) provide information on the harmful effects of drinking above recommended limits; (4) facilitate the decision of women to adopt healthier drinking behaviours; (5) monitor changes or progress; and (7) be acceptable to clinicians and easily implemented. The authors indicate that physicians are likely to see increased numbers of Aboriginal patients in their offices. Further funding of intervention development/evaluation research is needed to address this public health issue, not only for Aboriginal people, but also for all Canadians.


Keywords: Basic Physical Needs/Education/Health/Prevention/Strong Families and Healthy Child Development

Abstract: The Native Infant Program is a home-based, multidisciplinary program for Native children through four years of age on five reserves on Vancouver Island. The overall goals of the program are the early correction of departures from good health, provision of education, and prevention of social problems.
through an early intervention program which combines traditional cultural and present child-rearing practices. The program provides children with experiences and services which enhance their early development by encouraging and helping parents to develop skills necessary to provide meaningful experiences for their children. The paper describes the establishment of the program, the training of Native women as infant workers, program content and the results of evaluation.


Keywords: Canada/Education/Health/ Women’s Health

Abstract: The relationship between scientific knowledge and legal discourse raised in a recent decision of the Supreme Court of Canada that involved a young Aboriginal woman who was pregnant and ordered by the court to remain in a drug treatment program at a health center until the baby was born. Her glue-sniffing habit was deemed dangerous to the normal development of the fetus. The Court held that her solvent dependency did not justify the original court action, but both the Court and the various interveners disregarded the current state of our knowledge on the fetal syndromes. There is thus a continuing disconnect between the scientific understanding of fetal risk and the development of constitutional law around women’s reproductive rights. This paper reviews the case and follows it through the appellate process.


Keywords: Fetal Alcohol Syndrome/Effects/ Inuit Women/Prevention/Work

Abstract: “This resource stems from the national Inuit FAS/FAE workshop in Iqaluit, Nunavut, October 7-10, 1997. The workshop was called Ikajuqtigiinniq: Seeking Community Solutions to Understanding, Preventing and Coping with Fetal Alcohol Syndrome/Effects [FAS/E]” --Intro. includes six pages of newspaper articles in English and Inuktitut (syllabic characters), from Nunatsiq news tipped in. (???)


Keywords: Aboriginal Women/Ostetrics/ Cesareans

Abstract: Delivery of obstetrical services in small isolated communities is becoming more of an issue, particularly as these communities lose the ability to provide cesarean sections (C-sections). There is some evidence that obstetrical outcome is better when provided in the patient’s local community, even in the absence of C-section coverage. However, many of us who practice rural obstetrics are intuitively uncomfortable with this situation. At Bella Coola Hospital in Bella Coola, BC, we are experiencing increasing difficulty in maintaining our ability to provide C-section coverage, and there is a corresponding increase in the number of women who deliver outside the community. We are attending fewer deliveries and performing fewer C-sections. Is this safe and appropriate? We reviewed the obstetrical experience in our community and compared it to the experiences of others. Bella Coola is a community of approximately 2,500 people, with another 1,000 in the catchment area. We are 450 km from the nearest hospital and any obstetrical specialist. Transfer entails an eight-hour trip over a difficult highway, or air transport. Because of our location in the coastal mountains, air travel is not always possible. Bella Coola Hospital has ten acute-care beds and an operating room staffed by three general practitioners with anesthesia and C-section experience. When one or more of our physicians is away or our operating room nurses are not available, we are unable to provide C-sections.


Keywords: Adequate Human Services and Social Safety Net/Health/Health Care

Abstract: In co-operation with the GNWT Department of Social Services and the Women’s Shelter, Iqaluit, the researcher will investigate the extent to which women feel empowered by the health care system, particularly prenatal health care.


Keywords: British Columbia/Canada/Health/ Pregnancy/women

Abstract: Female Teenagers are expected to be at higher risk of bearing both premature and low birth weight infants. Within the North West Health Region of British Columbia an unexpectedly low number of low birth weight infants are born to teen mothers. Factors that influence the risk of both premature and low birth weight infants to teen women were
reviewed and a study was conducted to examine whether the observation of reduced numbers of low birth weight infants is statistically reliable. British Columbia provincial data from the Ministry of Health and Ministry Responsible for Seniors from 1987 to 1996 for both live births to teens (10-19 years) and low birth weight infants (<2,500 grams) were analyzed to determine if a significant difference exists within the North West Health Region of British Columbia. The Upper Island/Central Coast Health Region and Northern Interior Health Region were used for comparison due to their similar profile of being rural communities with forestry as a prime economic base. The North West Health Region of British Columbia had significantly fewer low birth weight infants born to teen mothers as determined by chi square and odds ratio analyses. These results indicate that a unique situation exists within the North West Health Region which cannot be attributed to chance alone. No specific measures have been identified as pivotal in mitigating low birth weight of infants born to teen mothers. Many potential possibilities exist which require further investigation.


Keywords: Aboriginal Children/Aboriginal Mothers/Nutrition

Abstract: Unavailable


Keywords: Aboriginal Women/Adequate Power/Canada/Cultural Integrity and Identity/Health

Abstract: The purpose of this article centered on generating knowledge that would inform health professionals and ultimately reduce the health disparities faced by pregnant Dogrib women. Childbirth for many Aboriginal women living in remote communities of the Northwest Territories, Canada, includes separation from their family and community for weeks at a time. This colonialization of childbirth, enforced for decades, is true for Dogrib Dene. Colonialization produces serious social consequences on the everyday lives of pregnant Aboriginal women, which results in lower health outcomes. This article provides a literature review of colonialization in Canada’s far north establishing the position that colonialization is a determinant of health.


Keywords: Adolescent Mothers/First Nations Women/Health/Teenage Pregnancy

Abstract: Adolescent pregnancy is a growing public health problem in Greenland, resulting in higher risk of mortality of mothers and their children. Since social and cultural aspects are associated with adolescent pregnancy, the research chose to take a closer look at the situation of adolescent mothers in Greenland and in Native American communities. Her findings recommend that a mentoring program to delay adolescent pregnancy and parenting, shown to be effective in African-American and Latino communities, could be also used in the Greenlandic setting.


Keywords: Adequate Income and Sustainable Economies/Basic Physical Needs/Early Childhood Development/Health/Strong Families and Healthy Child Development/women

Abstract: Infant mortality on Indian reserves in five Canadian provinces was investigated between 1976 and 1983. Indian reserve neonatal mortality was over one third higher than that experienced by the comparable non-reserve population, while post-neonatal mortality was almost four times higher. Significantly elevated post-neonatal causes of death included infective and parasitic diseases, pneumonia, Sudden Infant Death Syndrome and fires. A much higher proportion of births on Indian reserves were to “high-risk” women (unmarried, age less than 20 or “multipara” status). Notwithstanding, the incidence of low birth weight on Indian reserves was comparable to the non-reserve population (Abstract taken from Child Welfare in Northern Remote and Rural Communities: an Annotated Bibliography, Stokes and ternowetsky, 1997).


Keywords: Aboriginal Women/Education/Health/Métis Women

Abstract: Canadian data on prenatal exposure to alcohol, tobacco, psychoactive drugs, and caffeine are sparse. This study presents prevalence rates in Saskatoon for these four risk behaviours during the first trimester of pregnancy and their associations with socio-demographic factors. Personal interviews were conducted with 605 pregnant women.
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Get together; however, they reported socializing whom they could talk about personal issues or tended to report having fewer people with. Abused women of negative life events in the preceding year drinking problem. Perceived stress and number than women whose partner did not have a CI 1.2-9.9) more likely to have been abused women whose partner was her husband, boyfriend or ex-husband. Although all ethnic groups of women suffered abuse, Aboriginal women were at greater risk than non-Aboriginal women (adjusted odds ratio 2.8, 95% confidence interval [CI] 1.0-7.8). Women whose partner had a drinking problem were 3.4 times (95% CI 1.2-9.9) more likely to have been abused than women whose partner did not have a drinking problem. Perceived stress and number of negative life events in the preceding year were also predictors of abuse. Abused women tended to report having fewer people with whom they could talk about personal issues or get together; however, they reported socializing with a larger number of people in the month before the second interview than did the women who were not abused. Interpretation: Physical abuse affects a significant minority of pregnant women and is associated with stress, lack of perceived support and a partner with a drinking problem.


Keywords: Health/Health Care/Métis Women

Abstract: During the early 19th century, the largely Francophone, mixed-ancestry residents of the western Great Lakes region were faced with massive immigration of Anglophone whites who colonized the region, imposing a new U.S. government, economy, and legal system on the old Creole communities. Many of these immigrants from different cultural backgrounds in the eastern United States brought their prejudices and fears with them, attitudes that had the power to alienate and marginalize the old residents. This article explores the ways in which some women of color found techniques to mediate between cultural groups, using hospitality, charity, and health care to negotiate overlapping ideals of womanhood common to both Anglos and Native-descended people. In so doing, they won praise from both new and old neighbors, as they used Creole patterns of network building to smooth community relations (Journal Abstract).


Keywords: Aboriginal Women/Health/Metis Women/Obstetrics/Treaty Status

Abstract: This report describes patterns of obstetrical care in Manitoba in 1981/82 and 1989/90, and notes significant changes in patterns of care. Comparative analysis of trends in usage patterns between women with treaty status and all other women in Manitoba using obstetrical services is included.


Keywords: Aboriginal Midwifery/Aboriginal Women/Canada/Children/First Nations/First Nations Communities/First Nations Women/Health/History/ Midwifery/women

Abstract: The Inuulitsivik Health Centre in Puvirnituq, Quebec, created in 1986 by the efforts of a local women’s association and a supportive physician, is but one example
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Involving Inuit and non-Aboriginal midwives collaborating with other health professionals to deliver their children in their communities. Traditional midwifery passed from one generation to another is regarded as an important conveyor of cultural knowledge and identity, and as a source of esteem among Aboriginal women (Paulette, 1995). Current debate about appropriate legislation, educational requirements, models of training, registration, licensing and questions concerning safety issues and financial costs must include Inuit, Métis and First Nations women who have a vested interest in any outcome or decision. In addition to honoring the wisdom of Elders who have passed on their knowledge and skills to the next generation, readers will be sensitized to past and present midwifery and Aboriginal midwifery in Canada, with a focus on the future; therefore the paper: (1) Discusses midwifery and examines the history of the profession in relation to Aboriginal and non-Aboriginal communities, in addition to describing the current status of midwifery in all jurisdictions of Canada; (2) Outlines the paths to becoming a midwife and related issues in terms of recognition and/or accreditation are identified. The gaps in current maternity care policy and practice in Aboriginal communities are highlighted, as well as the critical need for maternity care services; (3) Presents emerging models of community-based care, based on Aboriginal midwifery. The paper concludes by identifying issues that must be addressed for midwifery to be revitalized and expanded within Inuit, Métis and First Nations communities (Journal Abstract).


Keywords: Diabetes/Health/women

Abstract: Data on breastfeeding practices was collected in the following regions: Baffin, Inuvik, Keewatin, Kitikmeot and Mackenzie. Surveys received from the Fort Smith region are included in the results for the Mackenzie region. Women surveyed identified themselves as being Inuit, Dene, non-Aboriginal, or Métis. Data was also collected on maternal age, parity, adoption, birth weight, gestational diabetes, smoking, and alcohol use.


Keywords: Adequate Human Services and Social Safety Net/Canada/Health/Inuit Women/Manitoba/Medicine/Research

Abstract: The author carried out a study to evaluate the impact of obstetrical evacuation on Inuit women and their families in the Keewatin.


Keywords: Inuit Women/Obstetrics/Birthing


Keywords: Health/Northern Women

Abstract: This study draws upon a series of interviews carried out in Inuit communities as a means of assessing the attitudes of Inuit mothers and families regarding current obstetrical practices, specifically the evacuation of expecting mothers to southern hospitals for childbirth. Not only were mothers generally found to be less than satisfied with the quality of care which they received, but many would have preferred a community birth to evacuation. The authors found that while many women had large kindreds whom they could draw upon for support and assistance, a sizeable fraction of the women sampled did not, and would therefore benefit from additional support. Finally, many women reported that they would have seen an Inuit midwife if one were available (Dion Stout, 1997).


Keywords: Canada/Safety and Security/Sexual Abuse/Social Justice and Equity


Keywords: Adequate Power/Canada/Social Justice and Equity


Keywords: Health/Research
Abstract: Unavailable


Keywords: Canada/Health

Abstract: Includes information on community-based health promotion strategies to prevent fetal alcohol syndrome. Baseline information for program evaluation is given for pilot projects at the Fort McMurray Children’s Centre and the Lethbridge Native Women’s Transition Home.


Keywords: Health/Pregnancy/Research/ Sexual Health/Youth

Abstract: This study was set up to investigate the following questions: What are the sexual and contraceptive practices of Aboriginal youth today?; What are some of the reasons that Aboriginal youth are getting pregnant?; What are the feelings and practices around abortion among Aboriginal youth?; What are the attitudes of Aboriginal youth towards sex, sexuality and family matters?; Are the youth influenced by traditional Native knowledge and ethics in their approach to sex and parenting?; What types of situations are teen parents living in, and how do they feel about teen pregnancy and parenting? Research was conducted through province-wide questionnaires; interviews with female and male youth parents, front line workers and Elders, and youth focus groups. The authors include background material drawn from literature, extensive material about the findings and recommendations.

100. Ontario Federation of Indian Friendship Centres (2002). Aboriginal Approaches to Fetal Alcohol Syndrome/Effects. Toronto, ON: Ontario Federation of Indian Friendship Centres.

Keywords: Fetal Alcohol Syndrome/Effects/ Life-Sustaining Values, Morals, and Ethics/ Strong Families and Healthy Child Development

Abstract: Explores how Aboriginal culture and practices help with the development and daily lives of Aboriginals living with FAS/E. Stories and articles build on Aboriginal knowledge of health and healing to explore strategies to assist people with FAS/E and celebrate and document the variety and originality of work that is being done around FAS/E within Aboriginal communities (CWHN Abstract).


Keywords: Family Violence/Health/Inuit Women

Abstract: This publication explores a number of issues related to parenting skills, family violence, food, dental health, fetal alcohol syndrome and fetal alcohol effect and steps for community action for healthy Inuit babies. The document identifies seven major health and social issues that affect babies and gives examples of community-level strategies and activities that can be developed to address the issues.


Keywords: Teenage Pregnancy/Inuit Women

Abstract: This report looks at the complex issues surrounding teenage pregnancy in Inuit communities. Fifty-three individuals participated in this study. Twenty structured interviews were conducted with Inuit women: nine from Nunavut; four from Labrador; three from Nunavik; two from the Western Arctic; and two from Ottawa. Respondents were selected because of their roles as Elders, mothers, health care workers, teachers and social workers. These roles bring them into contact with issues related to adolescent pregnancy and make them valuable key informants on the subject. Four of the interviews took place in Inuktitut. The views of Inuit youth were included through three focus groups held in Ottawa. Thirty-three youth participated: six young men and 27 women.


Keywords: Midwifery/Aboriginal Peoples/ Aboriginal Women/women/Health/Health Care

Abstract: This report examines the issue of midwifery in the North, and in particular, its relevance to Aboriginal women. Numerous aspects of the contemporary situation are addressed, in light of both traditional and historical experiences of childbirth and maternal health care, from Labrador to the Yukon.


Keywords: First Nations/Medicine/ Pregnancy/women

Abstract: Tells the story of Jenny, who learns to stay healthy in all areas of the Medicine Wheel
in order to give their baby the best start in life.


Keywords: Aboriginal Midwifery/Inuit Children/Birthning

Abstract: Unavailable


Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Diabetes/Ethnicity

Abstract: Background: Maternal body mass and the presence of diabetes mellitus are probable risk factors for neural tube defects (NTDs). The association between maternal ethnicity and the risk of NTDs remains poorly understood, however. Methods: We performed a retrospective population-based study and included all women in Ontario who underwent antenatal maternal screening (MSS) at 15 to 20 weeks’ gestation between 1994 and late 2000. Self-declared maternal date of birth, ethnicity and weight and the presence of pregestational diabetes mellitus were recorded in a standardized fashion on the MSS requisition sheet. NTDs were detected antenatally by ultrasonography or fetal autopsy and postnatally by considering all live and stillborn affected infants beyond 20 weeks’ gestation. The risk of open NTD was evaluated across the five broad ethnic groups used for MSS, with white ethnicity as the referent. Results: Compared with white women (n = 290 799), women of First Nations origin (n = 1551) were at increased associated risk of an NTD-affected pregnancy (adjusted odds ratio [OR] 5.2, 95% confidence interval [CI] 2.1-12.9). Women of other ethnic origins were not at increased associated risk compared with white women (women of Asian origin [n = 75 590]: adjusted OR 0.9, 95% CI 0.6-1.3; black women [n = 25 966]: adjusted OR 0.6, 95% CI 0.3-1.1; women of “other” ethnic origin [n = 10 009]: adjusted OR 0.1, 95% CI 0.02-0.9). Interpretation: The associated risk of NTD-affected pregnancies was higher among women of First Nations origin than among women of other ethnic origins. The mechanisms for this discrepancy should be explored


Abstract: The objective of this study was to help determine the extent of gestational diabetes in Canada’s Aboriginal population. The authors assessed the prevalence in a population of Cree women in northern Quebec. The authors concluded that Aboriginal women with gestational diabetes or impaired glucose tolerance tended to be older, have had more pregnancies, weigh more before pregnancy and have heavier babies than those with a normal glycemic status. The prevalence of gestational diabetes among James Bay Cree women in northern Quebec is twice as high as that among women in the general North American population and the second highest reported in an Aboriginal group worldwide.


Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Canada/Diabetes

Abstract: The objective of this study was to help determine the extent of gestational diabetes among northern women in order to support his argument that the medical community’s fears of the danger of complication and infant mortality has led to an emphasis upon evacuation and the introduction of specialized obstetrical services, while ignoring the expertise of northern women themselves, particularly that of midwives, whose expertise should form a central pillar of obstetrical care in the North in years to come (Dion Stout, 1997).


Keywords: Diabetes/Ethnic Groups/Ethnicity

Abstract: The Cree of James Bay have the highest ever reported mean birth weight and a high prevalence of infant macrosomia. This study was designed to examine independent risk factors for infant macrosomia among the Cree, to compare these to risk factors among non-Native Canadians and to determine if ethnic differences persist after adjusting for differences in the distribution of other risk factors. In conclusion, the authors state that the Cree have a high prevalence of macrosomia despite controlling for important differences in pre gravid weight and GDM. Some of this variation may be due to genetic differences in fetal growth. The differential impact of GDM on macrosomia in the two ethnic groups may be due to differences in treatment strategies for
Abstract: The objectives of this research were to determine the prevalence of gestational diabetes mellitus (GDM) among the Cree of James Bay, identify independent risk factors for GDM and infant macrosomia in this population and compare the risk for GDM and infant macrosomia among Cree women with Canadian non-Native women. The prevalence of GDM using the National Diabetes Data Group criteria among the Cree was 12.8% (95% CI: 10.1-15.5), among the highest ever reported for an Aboriginal group. Independent risk factors for GDM among the Cree were advanced age, pregravid overweight and previous GDM. A comparison of risk of GDM between Cree and non-Native women revealed a significant interaction between ethnicity and pregravid weight. Overweight Cree women were at an elevated risk for GDM compared with overweight non-Native women (OR: 2.3, 95% CI: 1.3-3.8), whereas the risk for GDM was not statistically different between normal weight Cree and non-Native women (OR: 1.4, 95% CI: 0.7-2.7) after adjusting for age, parity, and smoking status. Mean birth weight among Cree infants was 3,859 ± 519 g, the highest reported for any ethnic group in the world. Macrosomia prevalence was also high at 34.3%. Independent risk factors for macrosomia among the Cree were advanced age, pregravid overweight and GDM. A significant interaction was noted between ethnicity and GDM on risk for macrosomia. GDM increased the risk for macrosomia 4.5-fold among the Cree but had no significant effect among non-Natives. After adjusting for age, parity, pregravid weight, gestational weight gain, GDM, gestational duration and smoking status, Cree infants remained heavier than non-Native infants by 235 g. The results of this research indicate the need to control pregravid obesity through culturally acceptable dietary modifications and exercise in order to minimize the risk for GDM among Cree women. The significant impact of GDM on risk for macrosomia among the Cree calls for the re-evaluation of the existing treatment strategies for GDM (Author Abstract).


Keywords: Montreal/Canada/Health/Risk Factors/women/Ethnicity/Diabetes/Ethnic Groups

Abstract: The Cree of James Bay have the highest ever reported mean birth weight and a high prevalence of infant macrosomia. This study was designed to examine independent risk factors for infant macrosomia among the Cree, to compare these to risk factors among non-Native Canadians and to determine if ethnic differences persist after adjusting for differences in the distribution of other risk factors. Macrosomia was defined as birth weight 90th percentile for gestational age of a reference population. Independent determinants of macrosomia were examined in 385 Cree and 5,644 non-Native women. The potential effect of ethnicity (Cree vs. non-Native) was determined after statistically adjusting for age, parity, pregravid weight, height, net rate of weight gain, gestational diabetes mellitus (GDM) and smoking status. The prevalence of macrosomia among the Cree was 34.3% vs. 11.1% among non-Natives. Although GDM significantly increased the risk for macrosomia among the Cree (odds ratio: 4.46, 95% CI: 2.24-9.26), it was not a significant risk factor among non-Natives (odds ratio: 1.15, 95% CI: 0.79-1.65). The risk for infant macrosomia remained elevated among the Cree compared with non-Natives after adjusting for other risk factors (odds ratio: 3.64, 95% CI: 2.69-4.90). In conclusion, the Cree have a high prevalence of macrosomia despite controlling for important differences in pregravid weight and GDM. Some of this variation may be due to genetic differences in fetal growth. The differential impact of GDM on macrosomia in the two ethnic groups may be due to differences in treatment strategies for GDM.


Keywords: Canada/Health/Youth/Teen Pregnancy/Aboriginal Youth

Abstract: In partnership with the Young/Single Parent Support Network of Ottawa-Carleton and Timmins’ Native Friendship Centre, the Canadian Institute of Child Health has completed a framework to reduce the rate of teen pregnancy in Canada. The objectives were to learn what is currently being done and what needs to be done on this issue across the country, and to explore the potential role of projects funded by the federal Canada Action Program for Children and Canada Prenatal Nutrition Program in reducing the rate of teen pregnancy. Being an extremely complex and sensitive issue, the report was a culmination of a number of research methods: over 40 key informants from diverse backgrounds and expertise were interviewed to determine the scope of the problem and potential solutions; a detailed literature review identified existing date and documentation on the topic, using
Abstract: The health of pregnant women is a major concern to health care providers. This grounded theory study of 40 women examined the health of pregnant women and the special threat that poverty and violence posed to their capacity for health. Pregnant women experienced their health as an integrated part of their daily lives; that is, they reported that their health was affected by “everything and everybody.” Women’s main concern during pregnancy was to have a healthy newborn and, to this end, they engaged in the process of creating a healthy pregnancy by engaging in health-enhancing behaviours. In this process, the women focused primarily on ensuring the birth of a healthy baby. Three conditions were essential to a woman’s capacity to create a healthy pregnancy: (1) the acceptance of the pregnancy, (2) adequate financial resources, and (3) supportive relationships (especially having a supportive partner). Pregnancies invariably carried with them some uncertainty, and this caused the 40 women in this study to experience a state of vulnerability which, in turn, triggered attempts to create healthy pregnancies. This led to a cycle of improving health: the more energy women had to carry out health-enhancing behaviours the better they felt physically and mentally; the more able they were to conduct their daily activities; and, consequently, the better their health. However, living within a context of poverty and/or violence increased pregnant women’s vulnerability and decreased their capacity for creating a healthy pregnancy, leading to extreme stress and the experience of threat. Male violence threatened the women’s ability to be connected to those who were important sources of emotional, financial, task-oriented, and knowledge-oriented support, and thus, jeopardized their ability to meet their fundamental needs. Furthermore, the lack of sufficient financial resources limited women’s abilities to leave their abusive partners. In order to survive, women in these circumstances sometimes reverted to previous, often harmful, ways of coping in an attempt to reduce their high levels of stress. These coping strategies usually took the form of behaviours that required little energy, such as smoking, not eating properly, and consuming alcohol. Having financial support and a safe place to go were crucial with regard to enabling women to decide to leave abusive partners. Regaining control of their lives in this way allowed women to refocus their energy on health-enhancing behaviours. The women in this study showed incredible strength as they met the challenges imposed by poverty and abuse. They did not remain victims but took hold of their lives with courage and conviction. In order to promote the adoption of health-enhancing behaviours by childbearing women, health care providers must recognize poverty and violence as factors that significantly threaten women’s capacity for health. Further to this, special efforts must be made to render culturally sensitive care to First Nations women (i.e., recognizing their cultural identity and heritage, their connection to nature, and the importance of the Elders of their community). To this end, we must recognize the connections between racism, colonization, poverty, and violence. For until we have eradicated poverty and the cycle of violence and degradation that is its legacy, we will not have succeeded in doing all we can to ensure the health and well-being of our citizens. (PsycINFO Database Record (c) 2003 APA).

Abstract: This research report examines how policy in Canada deals with the issue of substance use during pregnancy and suggests alternative ways of addressing this problem that may prove less polarizing and punitive toward women. One focus of this project has been to analyze the Supreme Court of Canada/Health Canada. 


Keywords: Adequate Power/Substance Addictions/Work

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Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: Includes a discussion on the following: alcohol abuse; a resource manual for community-based prevention of fetal alcohol syndrome and fetal alcohol effects; construction of moral panic; discourse analysis; discrimination against people with disabilities; drug abusers; federal government [Canada]; fetal alcohol syndrome; framework for the First Nations and Inuit fetal alcohol syndrome and fetal alcohol effects initiative [Canada, Health Canada]; government policy; health promotion programs; Native Canadian children; Native Canadian women; pregnant women; race discrimination; social construction of bad mothers; social construction of motherhood; social construction of social problems; women alcoholics.


Keywords: Canada/Canadian Women/Children/Disabilities/First Nations/ Government/Health/Prevention/Research/women

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Keywords: Adequate Human Services and Social Safety Net/Adolescent Mothers/Community Solidarity and Social Support/Education/Ethnicity/First Nations/Infant Care/

Social Support/Strong Families and Healthy Child Development

Abstract: This longitudinal exploratory study compared maternal psychosocial, situational, and home environment characteristics at 4 weeks and at 12-18 months postnatal for a convenience sample of 71 Métis, First Nations, and Caucasian adolescent mothers. The combined group of Métis/First Nations mothers had significantly higher infant-care emotionality scores than the Caucasian mothers at 4 weeks. The Caucasian mothers scored considerably higher on quality of the home environment; a refined multiple regression model containing infant care emotionality, education level of the infant’s maternal grandmother, ethnicity, and enacted social support explained 49% of the variance, with significant influences being infant care emotionality and grandmother’s education level.

Keywords: Cultural Integrity and Identity/ First Nations/First Nations Women/Health Care/Life-Sustaining Values, Morals, and Ethics

Abstract: Evidence links adequate prenatal care to improved birth outcomes. Research, however, indicates that First Nations women do not attend regularly for prenatal care. In the current study, seven informants, representing three First Nations, were extensively interviewed to examine their beliefs about pregnancy and participation in prenatal care. First Nations women conceptualized pregnancy in a spiritual context and believed it to be a healthy, natural process requiring no intervention. Since they believed they were responsible for “taking care of themselves” during pregnancy, cultural practices that were thought to promote a healthy pregnancy were espoused. First Nations women were reportedly often dissatisfied with health care providers in prenatal clinics. Their expectations of freely offered explanations and a friendly non-authoritarian approach were often not realized and their beliefs about pregnancy were in conflict with those of health care providers. Barriers to prenatal care might be reduced by improving communication and providing holistic culture-specific care.

Keywords: Aboriginal Women/Basic Physical Needs/Family Violence/Fetal Alcohol Syndrome/Effects/Substance Addictions

Abstract: This article examines the special needs of women and teen girls who abuse alcohol
or drugs and the influence of poverty, family violence, and sexual abuse on substance abuse. The authors argue that in dealing with women’s substance abuse we can deal with FAS/FAE. They also examined the experiences of women and girls who have abused alcohol and drugs, what happened when they tried to get help or treatment, and what they know about FAS/FAE. Also looks at what supports and resources there are for FAS kids, for kids who might have FAE, and for people who take care of them. Concludes with recommendations about alcohol and drug abuse problems of NWT women and recommendations about stopping alcohol use during pregnancy (CWHN Abstract).

Keywords: Pregnancy/Menopause
Abstract: Unavailable

Keywords: Health/Inuit/Women/women/ Work
Abstract: In the past three decades Copper Inuit women have gone from a situation of family-centered births in tents and snow houses, to community births in government-run nursing stations to hospital births hundreds of miles from home. This process, which has been well documented by John O’Neil, Patricia Kaufer and others, is one aspect of the medical acculturation of the Canadian Inuit. The present work demonstrates how this medical acculturation has profoundly affected both the quality and the character of information flow between generations regarding all life cycle processes from birth to puberty to menopause. This paper examines the changes in the transmission of cultural information about life processes for three generations of Inuit women in the Central Canadian Arctic village of Holman and will consider the historical and social roots of these changes. Among the findings of the authors is that both elderly and young women are relatively knowledgeable regarding issues related to reproductive health and are comfortable discussing these topics. Women in their middle years, however, appear to be less knowledgeable and often display discomfort with the subject (Journal Abstract).

Keywords: Culture/Native women/women

Keywords: Pregnancy/Aboriginal Women/women/Montreal

Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Fetal Alcohol Syndrome/Effects/Health/ Prevention/Strong Families and Healthy Child Development/Research/Pregnancy/ women/ Quebec/Lead/Gender
Abstract: The aim of this research project was to examine issues of substance use during pregnancy as a health concern for Aboriginal women in Quebec. While the project examined substance use in general, the prevention of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) was the main focus of the project. The research outlines the current debate over substance abuse and pregnancy but focuses on the situation of Aboriginal women in Quebec. The report provides a summary of the interviews with 50 Aboriginal women in Quebec and Saskatchewan. One finding was that the treatment services for substance abuse address only the addiction and not the factors that lead the women into addictions. Recommendations included a gender-specific treatment program and easier access to these programs for pregnant Aboriginal women.

Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Gender Sensitive Treatment/Health/ Manitoba/Prevention/Strong Families and Healthy Child Development/Substance Addictions
Abstract: Describes service needs of pregnant women who are substance users. Suggests a gender-sensitive model for treatment and extending treatment to women who present while intoxicated. This study examines and describes the service needs and experiences of pregnant women in Manitoba who have problems with substance misuse. The introduction reviews background to the study project, the work of the project committees, and the study methodology, which included interviews with women receiving services and with service providers. Part 2 reviews the range of programs and services available to pregnant women with substance misuse problems, including prevention programs, secondary prevention and early intervention programs,
and detoxification and treatment programs. Part 3 profiles the interviewed women (including their socioeconomic status and problems with substance misuse) and their experiences of pregnancy. It also discusses reasons why the women enter addiction treatment, the barriers to accessing treatment, the treatment experience, and reasons for leaving treatment, the challenges to maintaining recovery, and experiences of Aboriginal women in treatment. The end of Part 3 includes participants’ recommendations for improvements in the treatment process. Part 4 summarizes overall conclusions and the appendix includes a list of recommendations for reform which are also made throughout the report. The appendix also contains a copy of the service provider questionnaire.


Keywords: First Nations/Women’s Health/Childhood Immunizations

Abstract: Unavailable


Keywords: Canada/First Nations/Health/Health Care/Medicine

Abstract: Childhood immunization is an important component of preventive health care for young children. Successful control of vaccine-preventable diseases depends on high levels of immunization coverage. Immunization statistics show that on-reserve First Nations (Native Indian) children have lower vaccination coverage than children in the general Canadian population. There has been little research, however, conducted with First Nations populations on this topic. The aim of this study was to explore First Nations parents’ beliefs about childhood immunizations and examined factors influencing immunization uptake. The authors state that analyses of the data revealed the following six themes: (1) the fear of disease; (2) the efficacy of immunizations; (3) the immunization experience; (4) the consequences of immunization; (5) interactions with health professionals; and (6) barriers to immunizations. Participants were motivated to seek immunizations for their children by a fear of vaccine-preventable diseases. A small proportion of mothers, however, questioned the effectiveness of vaccines in preventing disease. Traumatic immunization experiences, vaccine side effects and sequelae, negative interactions with health professionals, and barriers such as time constraints and childhood illnesses all served as deterrents to immunization. The research outcomes highlight the varied beliefs of First Nations parents about childhood immunizations and the numerous factors that both positively and negatively influence immunization uptake. Further research is needed to explore the issue of childhood immunizations in First Nations communities and to determine strategies to improve uptake.


Keywords: Aboriginal Women/Inuit Women/Education/Health/Prenatal Care

Abstract: Includes a discussion on: (1) Prenatal care education Canada; and (2) Native women health and hygiene.


Keywords: Aboriginal Women/Canada/Mortality Rates/Newborn

Abstract: Objective: To describe perinatal outcomes (mortality, weight, condition at birth) at an isolated, rural hospital. Design: A retrospective cohort study. Study population: Neonates born to women beyond 20 weeks’ gestation who delivered in the Bella Coola General Hospital (BCGH) between Mar. 7, 1940, and June 9, 2001, inclusive. Main Outcome Measures: Information collected from the labour and delivery case room record book includes Aboriginal status, date of delivery, birth weight, newborn mortality, and newborn condition at birth. Results: There were 2,373 deliveries, including 12 sets of twins. Total newborn mortality rates declined from approximately 4.7% in the 1940-1954 time period to 0.7% in the 1970-1984 time period and have remained near that level ever since. From 1940-1960 BCGH’s perinatal mortality rate was higher than Canada’s; it was lower than Canada’s in the 1970s, higher in the 1980s and about the same for the 1990s. The condition of the vast majority (approximately 90%) of newborns was described as being “good” at birth. Approximately 5% of newborns had birth weights < 2,500 g, and this has not changed much over the years. In the 1951-1962 time period, Aboriginal women had a higher percentage (8%) of infants with birth weight < 2,500 g compared with non-Aboriginal women (5%), but this percentage has declined over time to the point where the rate for both groups is now around 5%. Conclusions: Women giving birth in the low technology environment of the BCGH experienced acceptable neonatal outcomes. Trends in perinatal mortality, morbidity and low-birth-weight rates mirror those
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Keywords: Australia/Strong Families and Healthy Care Setting. Australian Journal of Rural Health, 133. Watson, J., Hodson, K., Johnson, R., and their newborns.

Abstract: This study was undertaken to examine the vitamin D and calcium status of mothers and their newborns. K. (1999). Perinatal Vitamin D and Calcium Status of Northern Canadian Mothers and their Newborn Infants. Journal of American College of Nutrition, 18, 122-126.

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Keywords: Newborn/Prevention

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Abstract: The objective of this study was to determine the incidence of pregnancy among active injection-drug users and to identify factors associated with becoming pregnant. The authors concluded that there were a high number of pregnancies among high-risk women among the women who participated in this study. This corresponded with very low uptake of reliable contraception. Innovative strategies to provide reproductive health services to at-risk women who are injecting drugs should be a public health priority say the authors.

Keywords: Canada/Ethnicity/Health/Health Care/Strong Families and Healthy Child Development

Abstract: Background: Vitamin D is required for normal bone growth and mineralization. We sought to determine whether vitamin D deficiency at birth is associated with bone mineral content (BMC) of Canadian infants. Methods: We measured plasma 25-hydroxyvitamin D [25(OH)D] as an indicator of vitamin D status in 50 healthy mothers and their newborn term infants. In the infants, anthropometry and lumbar, femur and whole-body BMC were measured within 15 days of delivery. Mothers completed a 24-hour recall and three-day food and supplement record. We categorized the vitamin D status of mothers and infants as deficient or adequate and then compared infant bone mass in these groups using non-paired t tests. Maternal and infant variables known to be related to bone mass were tested for their relation to BMC using backward stepwise regression analysis. Results: Twenty-three (46%) of the mothers and 18 (36%) of the infants had a plasma 25(OH)D concentration consistent with deficiency. Infants who were vitamin D deficient were larger at birth and follow-up. Absolute lumbar spine, femur and whole-body BMC were not different between infants with adequate vitamin D and those who were deficient, despite larger body size in the latter group. In the regression analysis, higher whole-body BMC was associated with greater gestational age and weight at birth as well as higher infant plasma 25(OH)D. Conclusion: A high rate of vitamin D deficiency was observed among women and their newborn infants. Among infants, vitamin D deficiency was associated with greater weight and length but lower bone mass relative to body weight. Whether a return to normal vitamin D status, achieved through supplements or fortified infant formula, can reset the trajectory for acquisition of BMC requires investigation (Journal Abstract).


Keywords: Aboriginal Women/Canadian Women/First Nations/First Nations Women/ Métis Women/Strong Families and Healthy Child Development/women

Abstract: Background: Aboriginal women have been identified as having poorer pregnancy outcomes than other Canadian women, but information on risk factors and outcomes has been acquired mostly from retrospective databases. We compared prenatal risk factors and birth outcomes of First Nations and Métis women with those of other participants in a prospective study. Methods: During the 12-month period from July 1994 to June 1995, we invited expectant mothers in all obstetric practices affiliated with a single teaching hospital in Edmonton to participate. Women were recruited at their first prenatal visit and followed through delivery. Socio-demographic and clinical data were obtained by means of a patient questionnaire, and microbiological data were collected at three points during gestation: in the first and second trimesters and during labour. Our primary outcomes of interest were low birth weight (birth weight less than 2,500 g), prematurity (birth at less than 37 ‘weeks’ gestation) and macrosomia (birth weight greater than 4,000 g). Results: Of the 2,047 women consecutively enrolled, 1,811 completed the study through delivery. Aboriginal women accounted for 70 (3.9%) of the subjects who completed the study (45 First Nations women and 25 Métis women). Known risk factors for adverse pregnancy outcome were more common among Aboriginal than among non-Aboriginal women, including previous premature infant (21% v. 11%), smoking during the current pregnancy (41% v. 13%), presence of bacterial vaginosis in midgestation (33% v. 13%) and poor nutrition as measured by meal consumption. Although Aboriginal women were less likely than non-Aboriginal women to have babies of low birth weight (odds ratio [OR] 1.46, 95% confidence interval [CI] 0.52-4.15) or who were born prematurely (OR 1.45, 95% CI 0.57-3.72) and more likely to have babies with macrosomia (OR 2.04, 95% CI 1.03-4.03), these differences were lower and statistically nonsignificant after adjustment for smoking, cervicovaginal infection and income (adjusted OR for low birth weight 0.85, 95% CI 0.19-3.78; for prematurity 0.90, 95% CI 0.21-3.89; and for macrosomia 2.12, 95% CI 0.84-5.36).
Interpretation: After adjustment for potential confounding factors, we found no statistically significant relation between Aboriginal status and birth outcome (Journal Abstract).


Keywords: Child Welfare/Children/Health/Homelessness/Men/Poverty/Pregnancy/Social Support/Welfare/women/Work

Abstract: The Sheway centre was created through a partnership between four organizations -- Vancouver/Richmond Health Boards, Vancouver Native Health Society, and the Ministry of Child and Family Development. Sheway is an appropriate name for this drop-in centre -- it means “growth” in Coast Salish. It started in 1993 in response to the needs of pregnant and parental women living in or frequenting this impoverished area -- women entrenched in the way of life of the eastside. Walking through its streets becomes a lesson in urban poverty: it is common to see drug dealers and addicts, drunken street brawlers, beggars, people passed out on the sidewalks in broad daylight, and men and women soliciting “customers” to support drug and alcohol addictions. With an average of 100 female clients at any given time who are pregnant or have a child under the age of 18 months, Sheway works to promote a healthier pregnancy and positive parenting experience. Before the program was started, most of these women were not receiving prenatal care and babies were apprehended immediately because of their mother’s substance abuse. Sadly, their statistics show that 75 per cent of these women are Native. Some of the issues that women faced back then and now are: homelessness, food and nutritional deficiencies, lack of social support, violence from a partner, working on the street, unplanned pregnancy, involvement with the law, mental illness, and finally, their children being apprehended by child welfare because of an unstable home life.


Keywords: Education/Research

Abstract: A case study of research in the north. The role of Inuit perceptions of the land and how that ideology relates to traditional child-rearing practices is the focus. Developing an understanding of Inuit world view and acknowledging the power and wisdom of traditional ways of knowing are discussed. The author’s methodology and focus call into question the predominant Western linear way of knowing in favour of a holistic approach to education, learning and perceiving the world.


Keywords: Education/Child Rearing

Abstract: The purpose of the study was to obtain and analyze Inuit perceptions of physical and human environments, and the implications of these for child-rearing and education. Some of the major findings of this study included the strong feeling of the Inuit about their relationship to their habitat, nuna, which not only encompass the past and the present, but strongly suggested the future as playing a role in Inuit relationship with the land. The notion of futurity was expressed in terms of having to preserve the habitat for future generations, and also in the form of statements about uncertainty as to what the future had to offer a significant proportion of young Inuit. Another significant finding of this study was Inuit spirituality playing a definite role in linking their relationship with their habitat. It seemed that the original Inuit beliefs were to some extent incorporated by the Christian missionaries and inculcated in present Inuit Christian belief. The findings were followed by a set of research and policy recommendations.


Keywords: Children/Health/Montreal/Pregnancy/Quebec

Abstract: Objectives: The objectives were to document the prevalence of maternal anxiety about food supply in Cree women who had 9-month-old infants, and to understand maternal and infant characteristics associated with anxiety. Study Design: The design was descriptive and combined both cross-sectional and retrospective analyses. Methods: The study took place in nine Cree communities in northern Quebec. Data on maternal characteristics in pregnancy (age, parity, anemia, smoking status) and infant characteristics (gestational age, birth weight, weight and hemoglobin concentration at 9 months old) were obtained from medical records. At 9 months postpartum, mothers were asked about infant feeding practices, the health of their infant, and the question, “Do you ever worry you don’t have enough money to buy your children food to eat?” Affirmative responses were considered evidence for anxiety about food supply. Pricing data was collected for commercial baby food, formula, milk and water in the communities and, for comparison, in the large urban city of Montreal. Results: 245 woman-infant pairs participated. One-fifth (20.8%) of mothers were anxious about food supply. The prevalences of anxiety in women who had anemia, or smoked,
Annotated Overview of Research on Aboriginal Women, Health and Healing during pregnancy, or who bottle-fed their 9-month-old infants, were 44.4%, 27.5% and 24.0%, respectively. The corresponding prevalences of anxiety in women who did not have anemia, who did not smoke, or who breastfed without bottle feeding at 9 months postpartum, were 19.0%, 13.6% and 6.7%. The adjusted ORs for anxiety were 3.10 (95% CI, 1.11-8.65), 2.12 (95% CI, 1.05-4.29) and 3.87 (95% CI, 1.12-13.36) for anemia, smoking and bottle feeding, respectively. Prevalences of anemia and infection were comparable between infants of mothers who did and did not express anxiety. However, infants whose mothers had anemia during pregnancy had higher prevalences of anemia (44.0% vs. 24.6%, p = 0.04) and infection (77.8% vs. 50.2%, p = 0.03) at 9 months old. Conclusion: Women who had anxiety about food supply for their children had characteristics that distinguished them from women who did not have anxiety. Anxiety was associated with anemia and smoking during pregnancy, and with bottle feeding at 9 months postpartum (Journal Abstract).


Keywords: Strong Families and Healthy Child Development

Abstract: Anemia is common among First Nations infants in Canada, often as a result of iron deficiency, which places them at risk for psychomotor impairment. Prevalence data are unavailable, and the risk factors are unknown. This study assessed the prevalence of anemia and associated risk factors among 9-month-old Cree infants in northern Quebec.


Keywords: Breastfeeding/Infant Care

Abstract: Objective: To identify contemporary Cree infant care practices and any risk factors associated with Sudden Infant Death Syndrome. Methods: A questionnaire conducted and recorded in the homes of 70 Cree women (83% of sample available) with infants under 12 months of age, living full-time on a Cree reserve. Participatory observation was also used with mothers who agreed to demonstrate certain features of Cree infant care. Findings: 70% of mothers initiated breastfeeding and 43% nursed from 6 to 15 months. Cree infants are tightly swaddled and placed in a supine position for sleeping. Prenatal care is seldom utilized because of cultural beliefs that planning ahead constitutes bad luck during birth or results in deformed infants. Conclusions: Existing infant care practices include several that are considered protective to an infant in terms of reducing vulnerability to SIDS. Swaddling infants in very warm houses and smoking during pregnancy could contribute to a higher SIDS incidence (Journal Abstract).


Keywords: Canada/Infant Care/Manitoba/Pollutants/Research/women

Abstract: The recorded rates of Sudden Infant Death Syndrome (SIDS) are highest among Aboriginal infants. In non-Aboriginal communities, the rate of SIDS has decreased after interventions into infant care practices, such as sleeping infants in the supine position. Prior to intervention, it is necessary to know the infant care strategies utilized by a community. Based on 70 reserve interviews, this research project gives a detailed report of infant care practices currently used by contemporary Aboriginal mothers. Nineteen senior women were also interviewed in order to facilitate a comparison between traditional and contemporary practices. The results indicate that traditional infant care practices used 50 years ago are still prevalent in contemporary Aboriginal communities. These traditions include supine sleeping position, co-sleeping, swaddling and breastfeeding. The research reveals that the majority of contemporary Aboriginal infants sleep supine, are swaddled, are breastfed and co-sleep. The traditional swing, in which infants also sleep supine, continues to be used. Investigations were also carried out on the general residential environment of the infant, which revealed alarmingly high levels of air pollutants, including fungi and bacteria (Author Abstract).
4. Physical Aspects of Illness

The literature under this heading includes research on breast and cervical cancer among Aboriginal women. The search of the material in this area yielded approximately 49 articles that focus primarily on a variety of physical and medical conditions documented among Aboriginal and Native American women dealing with cancer and other physical illnesses. Unfortunately, many of the large-scale epidemiologic studies have been performed in predominantly non-minority populations and primarily in the United States.

The majority of the articles relied upon in analyzing the literature for this section are based on Canadian studies (29 studies) however the search yielded many, if not more, American studies; of which 16 gaze primarily on breast and cervical cancer and other physical illnesses documented in Native American women residing in the United States. There are no doubts many more American studies exist which have not been included in this review. Arguably, there are abundant opportunities to undertake research in this area in the United States simply because they have a larger population base and more access to research institutions and funding sources willing to fund these sorts of studies.

Cervical and Breast Cancer

The majority of the studies (23) found relevant to this section zeroed in on cervical cancer among Aboriginal and Native American women and discuss screening methods for detecting cervical cancer among this population. Another 16 articles focused separately on studies related to breast cancer and breast cancer screening among Aboriginal and Native American women. Only one study highlighting the combined issues of cervical, breast and colorectal cancer among Aboriginal women in a First Nations community in Saskatchewan was found (Alvi, 1999). One American study looked at the combined effects of screening for breast and cervical cancer among Native American women who also had diabetes (Giroux, et al, 2000).

Cervical cancer is the most commonly occurring female cancer in the Baffin Region and there are indications that cervical cancer rates are higher in the NWT than elsewhere. During a study period from 1991 to 1994, when approximately 30,000 Pap tests were done in the NWT, a much higher proportion of “Abnormal” tests were found than was expected. In particular, the most abnormal results were found in the Inuit and Dene. The Baffin Regional Health and Social Services Board, in collaboration with Queen’s University, is conducting a study to research the presence of certain strains of a virus that is thought to have some involvement with the development of cancer of the cervix in the women in Nunavut, and whether this virus is present when there are abnormal Pap tests results. If we find that this virus is present in most of the abnormal Pap tests, then consideration could be given to include HPV screening into the Cervical Cancer Screening program.

Bone Fractures and Osteoporosis

Fewer studies exist focusing on Aboriginal women’s experiences with other illnesses and physical maladies. A search for studies focusing on other illnesses experienced by Aboriginal women yielded one Canadian study looking at bone fractures or the rate of osteoporosis among women in the Aboriginal population (Leslie, et al., 2004). Research currently underway in the Province of Manitoba indicates that that there may be a high incidence of osteoporosis in Aboriginal women. Hip fracture statistics for Manitoba indicate that Aboriginal females and males have more than twice the rate of hip fractures of other Manitobans. Osteoporosis, Metge and her colleagues (2004) state, is potentially preventable and treatable, thus it was seen as important to conduct such a study to develop a strategy for dealing with osteoporosis among Manitoba First Nations. The main purpose of Metge’s study is to assess bone health in Manitoba First Nations. The study will assess bone health in 500 Manitoba First Nations and Caucasian women between the ages of 25 to 75 years. Bone health will be studied.
using: (1) x-ray equipment to measure bone strength, (2) blood tests to measure bone metabolism, (3) genetics markers, and (4) a questionnaire to assess diet, activity, medications and other potential contributing factors.

Cardiovascular Disease

A search of material in this area also yielded three studies, one Canadian (Myers, 2002) and two American (Witmer, 2004 and Struthers, 2004), centering on cardiovascular diseases among women and Aboriginal populations. The Canadian research, while not entirely focused on women, reveals that impaired levels of glucose tolerance, or established diabetes and/or newly diagnosed diabetes among the Aboriginal people from the Six Nations Reserve in Ontario may actually increase the risk of cardiovascular disease among this population (Myers, 2002).

The more recent American research on cardiovascular diseases among indigenous women in North America conducted by Struthers and research colleagues (2004) denotes that while cardiovascular disease is currently the number one killer among American women in the United States, little is actually known about cardiovascular behaviour and/or responses to cardiovascular symptomology among minority women, especially Native American women. In an effort to understand cardiovascular disease among this special group they undertook a study to examine chest pain in a group of American Indian women, aged 22 years and older, from three rural reservations in Minnesota and Wisconsin. Their research indicates that the majority (68%) of women who participated in this study (n=866) would actively seek health care immediately if they experienced crushing chest pain that lasted longer than 15 minutes. However, 264 women (or 32%) would take passive action to crushing chest pain and 23% reported that they would sit down and wait until the pain passed. Struthers et al. indicate that their analysis shows that among those women who reported passive responses, most were younger in age (under 45 years) and had less education (less than a high school education). Significant concern was expressed by Struthers and her colleagues at the challenge in designing culturally appropriate messages and health education regarding heart attack signs and symptoms which Native American women can relate to. In particular they note that crushing pain is not always the only symptom of a heart attack. Young women, as well as women from minority groups, tend to be misdiagnosed in the emergency room because of an absence of chest pain. In fact, Struthers, et al. (2004) indicate that these women will more often present with shortness of breath or other chest pain equivalents, such as nausea, indigestion, excessive sweating and/or a brief loss of consciousness; or vague symptoms including activity intolerance, fatigue, or a general sense of not feeling well (p.163).

As such, it becomes imperative that education on cardiovascular disease and symptoms must target younger and less educated Native American women and be based on the reality of their world and culture.

Other researchers (Witmer, Hensel, Holck, Ammerman & Will, 2004) indicate the importance of teaching lifestyle and psychosocial changes to Aboriginal women. This included education on physical activity, nutrition, traditional wellness and stress management as well as the effects of tobacco and alcohol use. Witmer, et al. focused on Alaska Native women, whom they note typically experienced relatively low incidence of cardiovascular disease until recently. This pattern, they note, has begun to change dramatically. Given the drastic change noted in the health of Alaskan women, a Native- owned health corporation initiated a heart disease intervention program called Traditions of the Heart, which was tailored to Alaska Native women. Approximately 76 women enrolled in the pilot study which included 12 weekly sessions on lifestyle change and goal setting. The participants’ height, weight, resting blood pressure, fasting lipid levels, and blood glucose were measured both at the beginning and 12 weeks after the study. The majority of the women experienced significant improvements in walking and physical activity. Also observed was substantial
movement from the contemplation and preparation stages to an action stage regarding physical activity and heart-healthy eating. Participants perceived the intervention as valuable and exhibited significant improvements in certain areas of diet and physical activity. After the 12-week intervention, more participants reported more physical activity and higher confidence in their ability to achieve regular physical activity. Similarly, more participants reported improvements in their general nutrition and psychosocial status, by taking the time and effort to seek community support and input and build on the strengths of the Alaska Native culture. As a result, the pilot project gained greater community acceptance and the results helped to refine essential study procedures to increase their acceptability and suggest promising future directions for culturally relevant interventions for Alaska Native and American Indian women respecting cardiovascular issues.

Tuberculosis

Research on infectious respiratory diseases such as tuberculosis among Aboriginal women yield four articles, all of which were Canadian-based studies (FitzGerald, et al., 2000; Clark, et al., 2002; and Cook, et al., 2004). The research article published by FitzGerald, et al., is general in nature but presents a gender-specific case scenario of an Aboriginal woman, man and infant who may or may not have tuberculosis. FitzGerald, et al., research is instrumental in understanding the issue of tuberculosis for the Aboriginal population. FitzGerald, et al., indicates that tuberculosis (or TB) remains a major public health problem for Aboriginal people in Canada. Although incidence rates for this segment of the population have declined in many parts of the country, they remain unacceptably high. These rates tend to be highest in more northerly and remote areas, communities that were the last to be exposed to TB as European settlers moved across Canada. The prevalence of tuberculosis infection is much higher in Aboriginal communities than among Canadian-born non-Aboriginal people, and it is therefore likely that TB will remain a major problem in these communities for the foreseeable future. A reduction in rates will likely be achieved only with improvements in socioeconomic status and community involvement in disease management, combined with comprehensive medical surveillance and treatment programs. FitzGerald, et al., also indicate that Aboriginal people form a disproportionate group of the poor and deprived residents of Canada’s inner cities who may be susceptible to increased rates of tuberculosis. For example, among injection drug users in Vancouver, approximately 30% are thought to be Aboriginal. Among participants in the Vancouver Injection Drug Users Study, 25% had tuberculosis infection and 23% were infected with HIV. These high rates of disease bring with them the risk of clustering and the potential for significant deterioration in efforts to control TB (Blenkush, 1994). In addition, Blenkush, et al., identified a significant increase in HIV-related TB in Vancouver, mainly among young Aboriginal women who are injection drug users.

The second Canadian study dealing with tuberculosis and Aboriginal populations was done by Clarke, Nowgesic & Riben (2002) who focused their sights on understanding the association between housing density, isolation, and the occurrence of TB in First Nations communities in Canada. In the early decades of the 20th century, the death rate from tuberculosis (TB) in the First Nations population of Canada was as high as 700 per 100,000. A combination of malnutrition, confinement on crowded reservations with poor sanitation, and lack of immunity to the TB bacillus contributed substantially to this epidemic. In 1999, the TB notification rate among First Nations people living on reserves in Canada was 10 times that of the overall Canadian rate in 1997. Overcrowded housing conditions can increase exposure of susceptible people to those with infectious respiratory disease, and in doing so may increase the probability of transmission. This would especially affect Aboriginal mothers who stay at home with infants and toddlers. The association between overcrowded housing and TB incidence, paediatric TB, and TB mortality has long been recognized. Major housing problems have been identified in First Nations communities in Canada, and analyses have shown TB incidence is
higher in communities isolated from health services. It has been widely stated that social conditions drive TB rates in Aboriginal communities upwards, but evidence for this relationship has been largely anecdotal and assumed to exist. This has led to a recommendation that this area be researched further.

The most recent research on TB by Cook, Manfreda & Hershfield, (2004) confirms that tuberculosis is on the rise in Canada. Cook, et al.’s study looked at tuberculous lymphadenitis (TBL) as an important form of extrapulmonary tuberculosis. Their study was conducted with the mainstream and First Nations populations within the Province of Manitoba over a 10-year period. One hundred and forty-seven cases of TBL were identified with 77% confirmed by culture. Sixty-eight per cent of the confirmed cases were women. TBL was found in Canadian-born/non-Status Aboriginal people (12%), Status Aboriginal (29%) and foreign-born (59%) populations.

TB control among Aboriginal people in Canada, both those living on reserves and those residing in the inner city, continues to pose a major public health problem. The potential for a significant worsening of the situation is real, especially for the marginalized inner-city population with a background of substance abuse. Major efforts involving targeted surveillance will be needed to prevent such deterioration. In addition, attention must be paid to social issues such as housing and programs to reduce substance abuse. Surveillance efforts will be successful only if they are undertaken in tandem with appropriate measures to improve housing and provide better substance abuse programs and greater involvement with community agencies (FitzGerald, et al., 2000). These goals must be achieved in a culturally sensitive manner with a greater degree of community partnership than has been seen in the past (FitzGerald, 2000; and Clarke, et al., 2002).

International Research on Cancer

The research also retrieved one Canadian initiated international study that looked at comparing breast cancer survival rates between two small Canadian and American metropolitan areas (Winnipeg, Manitoba and Des Moines, Iowa), which included a small cohort of Aboriginal women in the Canadian sample and women from relatively poorer areas in the United States where there are higher residential concentrations of such categorical groups as the poor, the so-called near poor, including the working poor, as well as better off working people, even including members of the middle class, who, for a number of social, structural and economic reasons, are periodically or chronically uninsured or underinsured in the US (Gorey, et al., 2003). Canadian Aboriginal women diagnosed with cancer tended to have better survival rates compared to women with lower socioeconomic levels in the United States. Even though Aboriginal status was very strongly associated with low income status, Canadian Aboriginal women were just as inadequately served as women with cancer in the lower socioeconomic sectors in the United States.

One American initiated study used a meta-analytic approach to summarize studies of cancer incidence among Native populations in both the United States and Canada. Their findings indicated that Native females were found to have significantly elevated incidence for cancers of the gallbladder, cervix, and kidney, while significantly decreased incidence was found for cancers of the colon, breast and uterus and for lymphomas (Mahoney & Michelek, 1991).

Cancer Survival

Five articles retrieved during my search of the literature deal with the issue of survival rates from cervical and breast cancer among the indigenous female population in North America. Two of these Canadian-based studies form the crux of two Master Theses by Dunnigan (1997) and Chaudhry (2005) while the other two are American-based studies done by the same principal researcher respecting cancer survival data for both Native American men and women (Burhansstipanov, et
Annotated Overview of Research on Aboriginal Women, Health and Healing

Dunnigan’s research is one of the rare studies specific to Métis women. Oral history methods were utilized by Dunnigan in examining the survival factors associated with a diagnosis of cancer. Culturally specific healing processes grounded in Aboriginal ways by the women involved in the study are the major focus. Dunnigan’s research on the survival rate of status First Nations individuals from Ontario revealed that status Indians have poorer rates of survival when compared with the general population. Both American studies by Burhansstipanov (1998 and 2001) discuss a public health program that was designed to improve survival and the quality of life after a cancer diagnosis for American Indian, Alaska Native and Canadian Aboriginal patients and their loved ones. Cancer survival data is presented for Native American men and women, as well as information about cancer survivor support groups, survivor resources and some examples of how Native American perceive cancer.

Bibliography of Resources

An annotated list of resources organized under this thematic is listed below. Because of the medical complexity of the topic, original abstracts have been retained.


Keywords: Basic Physical Needs/ Cervical Cancer/First Nations/ Medicine/Prevention

Abstract: This descriptive study was done 1) to explore and describe the proportional distribution of breast, cervical and colorectal cancers by stage (a proxy measure of availability, access, and utilization of secondary prevention strategies) in northern Saskatchewan First Nations and non-First Nations in comparison to southern Saskatchewan First Nations and non-First Nations; 2) to assess the impact of stage and age on the survival patterns for these cancers in northerners and First Nations whose survival patterns have been shown by previous research to be equal or poorer in comparison to southerners. Univariate and multivariate survival analyses were carried out to ascertain the impact of the different proportions of stage for each study group on survival. Stage at time of diagnosis is a proxy assessment of secondary prevention services, which include formal screening programs. Data for this study was obtained from the Saskatchewan Cancer Registry, which has been maintaining cancer data since 1932. Cancer stage at time of diagnosis information is complete in the registry for different years for each cancer site. Hence data for breast cancer was for the years 1970 to 1995; cervical cancer data for the years 1980 to 1995; colorectal cancer data for the years 1990 to 1995. The proportion of cancer cases for each site by TNM stage and age were compared among the four study groups. First Nations and northern populations were found to have a larger proportion of diagnoses at a later stage in comparison to the southern non-First Nations group. Using Cox’s proportional hazards model, both stage and age at time of diagnosis were found to be significant predictors of survival for all study groups. Age and stage adjusted relative risks were calculated and found to be significant in comparison to the southern non-First Nations group for cancer of the breast (RR = 1.81 p = 0.013). For cervical cancer the relative risk of dying of cervical cancer for southern First Nations in comparison to southern non-First Nations was found to be 1.38 but this was not statistically significant (p = 0.097). For colorectal cancer, the relative risk of dying of colorectal cancer was found to be better for northern First Nations in comparison to southern non-First Nations (RR = 0.59), however this was not statistically significant (p = 0.45). This study showed that despite adjusting for stage and age at time of diagnosis, there were still some unexplained differences in the survival pattern of northern First Nations, northern non-First Nations and southern First Nations in comparison to southern non-First Nations. Hypotheses as to what these unexplained differences are have been offered. These include differences in socioeconomic status as well as availability, accessibility, attitudes towards and knowledge of secondary prevention strategies. Further study into these unexplained differences should be carried out.


Keywords: Cancer Screening/Cervical Cancer/ Culture/women

Abstract: The goal of this study was to evaluate the relationship between culture and attitudes about cervical cancer screening among young American Indian women living and working in northeast Oklahoma. A cohort of 199 American Indian women, ages 18-40, were surveyed to determine their blood quantum, self-identification, and beliefs and practices regarding traditional behavior in order to develop a traditional behavior scale (the degree to which an individual maintained traditional tribal ways or behaviors). The use of this scale indicated that the degree of American Indian blood quantum, blood
quantum for primary tribe, and self-identification are correlated to the traditional behavior scale. The scale, however, was unable to predict intention to get a Pap test. Results indicate that it is useful to understand the variation of traditional behavior within the specific population group to be served when planning and implementing culturally appropriate interventions for American Indian women. It is also useful to evaluate which segments of the population current programs are reaching (Journal Abstract).


Keywords: Aboriginal Peoples/ Adequate Power/Canada/Culture/ Healing/Justice/Native Women/ Offenders/ Prevention/women/Youth

Abstract: Unavailable


Keywords: British Columbia/Canada/ Cancer Screening/Cervical Cancer/ First Nations/ Health/Health Care

Abstract: The purpose of this study was to identify and describe critical elements of women-centered care within the context of providing cervical screening to three ethnocultural groups in Canada: Asian, South Asian and First Nations women. While the establishment of Pap test clinics for ethnocultural groups has the potential to enhance participation in cervical screening, changes in health policy and the structure of health services are required for existing programs to fully implement the elements of women-centered health care identified in this study. Other models of providing health care to women in ethno-cultural groups, including the use of clinics staffed by nurse practitioners, should be evaluated.


Keywords: Aboriginal Women/ Adequate Income and Sustainable Economies/Basic Physical Needs/ Cervical Cancer/Health/Health Risks/Women’s Health

Abstract: Annette Browne and Vicki Smye use postcolonial theoretical perspectives to inform a critical analysis of health care discourses related to cervical cancer among Canadian Aboriginal women. They also examine how decontextualized discourses addressing Aboriginal women’s risks for cervical cancer can perpetuate negative stereotypical images of Aboriginal women while downplaying or ignoring the historical, social and economic context of women’s health risks.


Keywords: Health

Abstract: The Native American Cancer Survivors’ Support Network is an innovative public health program designed to improve survival from cancer and the quality of life after a cancer diagnosis for American Indians, Alaska Natives, and Canadian Aboriginal patients and their loved ones. The Network, initiated in 1999, now has more than 300 survivors enrolled as members. This article briefly describes the process that led to its formation and preliminary findings, primarily for breast cancer survivors, of ongoing qualitative and quantitative research. Network data show patterns of cancer care that are partially responsible for poor survivorship outcomes (Journal Abstract).


Keywords: Native American Women/ Cancer Survival

Abstract: This paper provides a brief review of cancer survival data for Native American men and women, information about cancer survivor support groups, survivor resources, and some examples of how cancer is perceived by some Native Americans.


Keywords: Canada/Manitoba/ Mortality Rates/ Research/Risk Factors

Abstract: The author discusses the cancer incidence, mortality and survival among Status Indians in Ontario and compared their experience with that of the general population of Ontario. The author concluded that additional information on risk factors for cancer among Status Indians is needed. Additional research is also required to understand why Status Indians have poorer survival compared with the general population.

Available Online: http://ije.oupjournals.org/cgi/reprint/31/5/940.pdf

Keywords: Canada/First Nations/ Housing/ Tuberculosis

Abstract: This article discusses a study that was done to assess the association between housing density, isolation, and the occurrence of TB in First Nations communities in Canada.


Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/British Columbia/Cervical Cancer/Cultural Integrity and Identity/First Nations/First Nations Women/ Health/Health Care

Abstract: First Nations women in British Columbia have a four to six times higher mortality rate from cancer of the cervix than do women in the general population. Their participation in the provincial Cervical Cytology Screening Program (CCSP) is less regular and less frequent than other women in B.C. Likewise, they have more difficulty in obtaining culturally suitable health care services from respectful and consistent professionals. These issues should be of critical concern to nurses, as nurses provide the majority of health services to First Nations people.


Keywords: Canada/Culture/First Nations/Health/ Manitoba

Abstract: Background: Tuberculosis lymphadenitis (TBL) is an important form of extrapulmonary tuberculosis (TB). Recent studies have shown an increase in TBL in Canada. Objectives: To determine the incidence of TBL in Manitoba and to identify the characteristics associated with its presentation, diagnosis and treatment. Methods: Population data from the Manitoba Health Population Registry, the First Nations and Inuit Health Branch of Health Canada, and Statistics Canada were used to calculate incidence. Case characteristics and outcomes were determined by a systematic, retrospective review of all cases between January 1, 1990 and December 31, 2000. Results: One-hundred forty-seven cases of TBL were identified during the study period; 77% confirmed by culture; 68% women. TBL was found in Canadian-born/non-status Aboriginal (12%), status Aboriginal (29%) and foreign-born (59%) populations. Incidence of TBL was 1.17 per 100,000 person-years (95% CI 0.98 to 1.36). The highest incidence was in status Aboriginals over 65 years (16.85 per 100,000 person-years; 95% CI 3.37 to 30.33). TBL is seen most often in Western Pacific women. The most common presentation was a single, enlarged cervical node (80%). No atypical mycobacterium was found. Drug resistance occurred in 13% of cases and only in the foreign-born. Cure rates (81%) were influenced by co-morbidity and burden of TB disease. Relapse occurred in 8.1 per 1,000 person-years of follow-up (95% CI 1.7 to 23.7). Conclusions: Respiratory physicians, who manage the majority of TB disease in Canada, need to remain aware that TB is an important and treatable cause of enlarged lymph nodes (Journal Abstract).


Keywords: Cancer Screening/Cervical Cancer/ Education/Health/Older Women/Prevention

Abstract: Background: Recent studies suggest that American Indian and Alaska Native women have important barriers to cancer screening and underuse cancer screening tests. Methods: We examined the breast and cervical cancer screening practices of 4,961 American Indian and Alaska Native women in 47 states from 1992 through 1997 by using data from the Behavioral Risk Factor Surveillance System. Results: About 65.1% [95% confidence interval (CI) 60.2 to 69.9%] of women in this sample aged 50 years or older had received a mammogram in the past two years. About 82.6% (95% CI 80.1 to 85.2%) of women aged 18 years or older who had not undergone a hysterectomy had received a Papanicolaou test in the past three years. Older women and those with less education were less likely to be screened. Women who had seen a physician in the past year were much more likely to have been screened. Conclusions: These results underscore the need for continued efforts to ensure that American Indian and Alaska Native women who are elderly or medically underserved have access to cancer screening services (Journal Abstract).


Keywords: Healing/Health/History/ Métis Women/women

Abstract: Life histories of two women are presented in this thesis. One of the participants in this study is a breast cancer survivor, who
used quilting as a means of healing and expression following her diagnosis of breast cancer. Most of the information collected from this woman was about her experiences with breast cancer and her healing process. In addition to collecting two life histories the author conducted two focus groups with four other women who also used quilting as a way to heal themselves and express their feelings about breast cancer. All the stories presented in this thesis are tied together by the fact that the women who were interviewed all had the experience of being marginalized by a western institution.


Available Online: http://tinyurl.com/72btk

Keywords: Basic Physical Needs/ Canada/ Health

Abstract: Tuberculosis (TB) remains a major public health problem for Aboriginal people in Canada. Even though the incidence rates of TB for this population have declined, the rates still remain unacceptably high. These rates tend to be highest in more northerly and remote areas, communities that were the last to be exposed to TB as European settlers moved across Canada. But rates also tend to be high also among Aboriginal people residing in the inner city and the potential of the TB worsening among this population is real, especially for the marginalized inner-city population with a background in substance abuse. The article provides three case scenarios and discusses the management of TB among Aboriginal people, vaccination against TB, surveillance of the disease and control of TB and substance abuse in the inner city. A resolution of the three cases highlighted earlier in the text is also provided.


Keywords: Cancer Screening/Cervical Cancer/ Diabetes/Health

Abstract: BACKGROUND: The cervical cancer mortality rate for American Indian and Alaska Native women is twice that of all races in the United States. To date the only published national breast and cervical cancer screening rates for American Indian and Alaska Native women are based on self-reported data. When the Indian Health Service (IHS) conducts an annual audit on patients with diabetes, it includes cancer screening. This observational study presents national breast and cervical cancer screening rates for American Indian and Alaska Native women with diabetes. METHODS: Cancer screening rates were extracted from the 1995 diabetic audit for the 12 IHS areas. These rates were compared with rates for women without diabetes of the same age, 50 to 69 years, by chart review, at four IHS hospitals in the Aberdeen IHS area. RESULTS: Screening rates for women with diabetes in the 12 areas varied: mammogram (ever) 35% to 78%; clinical breast examination (last year) 28% to 70%, and Pap smear (last year) 26% to 69%.

The Aberdeen IHS area women with diabetes had 51% more clinic visits per year than women without diabetes, but the groups had similar screening rates. CONCLUSION: Cancer screening rates for American Indian and Alaska Native women vary by region. In the Aberdeen IHS area, women with diabetes had more visits (missed opportunities) but similar screening rates as women without diabetes. The diabetic audit could be used to monitor national IHS cancer screening trends for women with diabetes and in the Aberdeen IHS area for all women aged 50 to 69 years (Journal Abstract).


Keywords: Canada/Health/Health Care/ Manitoba

Abstract: Purpose: Extending previous Canadian-United States cancer survival comparisons in large metropolitan areas, this study compares breast cancer survival in smaller metropolitan areas: Winnipeg, Manitoba and Des Moines, Iowa. Methods: Manitoba and Iowa cancer registries, respectively, provided a total of 2,383 and 1,545 women with breast cancer (1984 to 1992, followed until December 31, 1997). Socioeconomic data for each person’s residence at the time of diagnosis was taken from population censuses. Results: Socioeconomic status and breast cancer survival were directly associated in the US cohort, but not in the Canadian cohort. Compared with similar patients in Des Moines, residents of the lowest fifth of income areas in Winnipeg experienced a significant five-year survival advantage (survival rate ratio [SRR] = 1.14). In these lowest income areas, the Canadian survival advantage was larger among women aged 25 to 64 years (SRR = 1.23), and this was observed in the middle fifth of income areas among this younger cohort (SRR = 1.11). The Canadian survival advantage even seemed apparent in the poorest neighborhoods with relatively high representations of Aboriginal people (SRR = 1.16). Conclusion: This study replicated the finding of advantaged Canadian cancer survival in smaller metropolitan areas that
had been consistently observed in larger metropolitan areas. Canada’s single payer health care system seems to offer similar advantages across a number of diverse urban contexts (Journal Abstract).


Available Online: http://www.cmaj.ca/cgi/reprint/157/5/543.pdf

Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Cancer Screening/Cervical Cancer/Immigrant Women

Abstract: Suggests recruitment strategies for reaching under-screened groups such as elderly, Aboriginal, poor, and immigrant women. The article provides a summation on the role of primary care providers in promoting regular screening for hard-to-reach women in their practices.


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Canada/Cervical Cancer/ Prevention

Abstract: Explores the prevalence of oncogenic human papillomavirus (HPV) in Nunavut, Northwest Territories, and the association between HPV and squamous intraepithelial lesions (SIL). Prevalence rate for oncogenic HPV and for SIL; Role of liquid-based cytology and HPV testing in cervical cancer prevention; Cost benefit of using HPV testing in a primary screening capacity. Background: The high rate of cervical cancer among Aboriginal women of northern Canada has prompted the search for more aggressive methods to augment Papanicolaou (Pap) screening in this population. Nearly all cervical cancers result from oncogenic human papillomavirus (HPV) infections. This has generated interest for incorporating HPV testing into the current screening program. Goals: To determine the prevalence of oncogenic HPV’s in Nunavut, and to assess the association between HPV and squamous intraepithelial lesions (SIL).

Study Design: A cross-sectional study was conducted on the Pap-screened populations in 19 communities of Nunavut, Canada. Liquid-based cytology was used to screen for SIL. HPV testing was performed using the Hybrid Capture II assay. Correlates of HPV infection and SIL were assessed by logistic regression with control for potential confounders. Results: In 1,290 women ages 13 to 79 years, the prevalence rate was 26% for oncogenic HPV and 6.9% for SIL. The odds ratio for the association between HPV and SIL was 37.9 (95% CI, 17.7-80.8) after multivariate adjustment. This association increased markedly with increasing viral load. More than 90% of the women with squamous intraepithelial lesions had positive test results for HPV. More than 75% of the women who had positive test results for HPV but negative test results for SIL were younger than 30 years. Conclusion: The results of this study form the basis for further evaluation of the role that liquid-based cytology and HPV testing plays and will contribute to the strategy for cervical cancer prevention in Nunavut.


Keywords: Cervical Cancer/Health/ Prevention

Abstract: This study’s objective was to determine the prevalence of high-risk Human Papillomavirus (HPV) types in Nunavut and to explore the association between high-risk HPV and cervical dysplasia. With the realization that the Pap test is less than ideal for screening for cancer of the cervix, this study looks at how incorporating HPV testing into the screening process might improve cervical cancer prevention. A cross-sectional study of women from 19 communities in Nunavut revealed a strong association between HPV and cervical dysplasia, and points out the need for a new screening process.


Keywords: Canada/Cervical Cancer/ Ethnicity/ Health/Status of Women/ Well-being

Abstract: Background: Pap smear screening is effective in reducing the incidence of cervical cancer. However, some subgroups of women are less likely to be screened than others. Since Canadian provincial health databases do not contain data fields identifying ethnicity or language, analyses employing these variables are typically not available. This paper overcomes this problem by using community-rather than person-based measures. Associations with having had a recent Pap smear are reported by community income, language, ethnic group, and urban/rural status, as well as the woman’s age. Methods: The provincial Health Card Number and Cytology Registries were linked to ascertain the screening status of women in mainland Nova Scotia and Cape Breton. Postal codes were linked to census enumeration areas and then to Statistics Canada census data to create community-based cultural measures for each woman.
Results: Women in mainland Nova Scotia were more likely to have had a recent Pap smear (Odds Ratio [OR]=1.36; 95% Confidence Interval [CI]:1.33-1.39). Women living in low income (OR=1.19; CI:1.15-1.22), Aboriginal (OR=1.60; CI:1.46-1.76), mixed Black (OR=1.25; CI:1.19-1.30) and rural (OR=1.09; CI:1.07-1.11) communities and who were older were less likely to have had a recent Pap smear. DISCUSSION: These findings were not unexpected. In the United States and elsewhere, associations between Pap screening status and women with low income, rural residence, Aboriginal and Black heritage have been reported using person-based methods. Our findings demonstrate a method of providing measures of ethnicity and language that should be considered for use in Canadian studies of service utilization, disease status, and well-being (Journal Abstract).


Keywords: Native women/Breast Cancer


Keywords: Canada/Cervical Cancer/ Inuit Women

Abstract: Cervical cancer incidence among Inuit is high. Especially women from Greenland exhibit rates which are among the highest in the world. Compared with women in Denmark, USA and Canada, Inuit women have a 3-4 time higher cervical cancer risk. By contrast, the incidence of uterine corpus cancer is low in the circumpolar area. Both in Greenlandic and Canadian Inuit women, ovarian cancer rates are similar to those in Danish women and non-Inuit women from Canada respectively. Only nine cases of placental cancer were recorded in the circumpolar area during the 20 years of observation. Compared with available incidence rates for Denmark the incidence in Greenland was significantly higher (Journal Abstract).


Keywords: Aboriginal Peoples/ Aboriginal Women/Adequate Human Services and Social Safety Net/ Cultural Integrity and Identity/ Healing

Abstract: Among Aboriginal peoples, oral histories and traditional storytelling are essential to cultural survival. In this book, thirteen Northern Aboriginal women relate their experiences as survivors of breast cancer. They speak about how they adapted to the disease, and look in particular at the ties that they have built with family, friends, and their environment. The book also examines the clashing and blending of medical technology with traditional healing methods.


Keywords: Cancer Screening/Cervical Cancer/ Health/Health Care/ Prevention/Women’s Health

Abstract: The goals of the Alaska Native Women’s Health Project (WHP) were to determine the following: (1) Pap prevalence based on chart review before and during an intervention period; (2) the level of understanding of cancer and cancer screening services with emphasis on cervical cancer; (3) use and satisfaction with current health maintenance services; and (4) improvement in knowledge and cancer screening rates following intervention. A random sample of 481 Alaska Native (Eskimo, Aleut, Indian) women living in Anchorage were interviewed face to face about their understanding of cancer risk factors (tobacco use, sexually transmitted diseases [STDs], reproductive issues), cancer screening examinations (Pap test, breast self-examination [BSE], breast exam by a provider, mammography), and their attitudes about health care and health care services. Sixty-two per cent of control women were documented to have had at least one Pap test within the three-year period prior to the beginning of the study; however, only 9% were documented to have had annual Pap screening. The intervention included distribution of educational materials, counseling on any woman’s health issue, special evening clinics, and reminders (mail/phone call) of scheduled Pap appointments (Journal Abstract).


Keywords: Native women/Cervical Cancer/ Breast Cancer


Keywords: Cancer Screening/Cervical Cancer/ Health/Health Care/Native women/Prevention/ women/Women’s Health
Abstract: The goals of the Alaska Native Women’s Health Project (WHP) were to determine the following: (1) Pap prevalence based on chart review before and during an intervention period; (2) the level of understanding of cancer and cancer screening services with emphasis on cervical cancer; (3) use and satisfaction with current health maintenance services; and (4) improvement in knowledge and cancer screening rates following intervention. A random sample of 481 Alaska Native (Eskimo, Aleut, Indian) women living in Anchorage were interviewed face to face about their understanding of cancer risk factors (tobacco use, sexually transmitted diseases [STDs], reproductive issues), cancer screening examinations (Pap test, breast self-examination [BSE], breast exam by a provider, mammography), and their attitudes about health care and health care services. Sixty-two per cent of control women were documented to have had at least one Pap test within the three-year period prior to the beginning of the study; however, only 9% were documented to have had annual Pap screening. The intervention included distribution of educational materials, counseling on any woman’s health issue, special evening clinics, and reminders (mail/phone call) of scheduled Pap appointments. A second interview was conducted after the intervention period among 200 women randomly selected from the original 481 participants. Chart reviews were also completed for the 481 participants, 130 nonparticipants, and 250 randomly selected controls. Improvement in Pap screening rates, knowledge of cervical cancer, and a high level of satisfaction with the project intervention was documented.


Available Online: http://www.cmaaj.ca/cgi/content/abstract/171/8/869

Keywords: Basic Physical Needs/First Nations/Health

Abstract: Background: Canadian First Nations people have unique cultural, socioeconomic and health-related factors that may affect fracture rates. We sought to determine the overall and site-specific fracture rates of First Nations people compared with non-First Nations people. Methods: We studied fracture rates among First Nations people aged 20 years and older (n = 32 692) using the Manitoba administrative health database (1987-1999). We used federal and provincial sources to identify ethnicity, and we randomly matched each First Nations person with three people of the same sex and year of birth who did not meet this definition of First Nations ethnicity (n = 98 076). We used a provincial database of hospital separations and physician billing claims to calculate standardized incidence ratios (SIRs) and 95% confidence intervals (CIs) for each fracture type based on a five-year age strata. Results: First Nations people had significantly higher rates of any fracture (age- and sex-adjusted SIR 2.23, 95% CI 2.18-2.29). Hip fractures (SIR 1.88, 95% CI 1.61-2.14), wrist fractures (SIR 3.01, 95% CI 2.63-3.42) and spine fractures (SIR 1.93, 95% CI 1.79-2.20) occurred predominantly in older people and women. In contrast, craniofacial fractures (SIR 5.07, 95% CI 4.74-5.42) were predominant in men and younger adults. Interpretation: First Nations people are a previously unidentified group at high risk for fracture.


Keywords: Aboriginal Peoples/Canada/Health

Abstract: Germline mutations in the BRCA1 (MIM 113705) and BRCA2 (MIM 600185) genes have been identified for breast and ovarian cancer families of diverse ethnic backgrounds. To date, there have been no reports of Native North American families with mutations in BRCA1 or BRCA2. Here we report two families of Aboriginal descent both with the same BRCA1 alterations (1510insG, 1506A>G). The families represent two Aboriginal Canadian tribes (Cree and Ojibwe), although a common ancestral origin is likely. This is the first evidence of a BRCA1 mutation specific to Aboriginal peoples of North America (Journal Abstract).


Keywords: Access to Care/Cervical Cancer/Inuit Women/women

Abstract: Cervical intraepithelial neoplasia (CIN) is a major cause of morbidity among circumpolar women. Cervical cancer comprised 15% of all cancers in Canadian Inuit women from 1969-1988. The age standardized incidence for invasive cervical cancer in Canadian Inuit women is 3.1 times the rate in the general Canadian population. Management of CIN in women of remote Arctic regions has traditionally required multiple visits to specialized medical centres for diagnosis, therapy and follow-up. Such centralized care requires separation of women from their families, resulting in significant medical, emotional and economic costs for the patient, her family and community. In the Canadian central Arctic, a program for the diagnosis and therapy of CIN has been established using colposcopy with loop electrosurgery, performed
by a trained local family practitioner and visiting gynecologist. Early program evaluation has indicated reduction in medical expenditures due to travel costs, minimal procedure-related morbidity and discomfort, and improved patient satisfaction associated with reduced separation from family and community. It is hoped that the program design, which harnesses technology in order to provide improved care closer to home, will be applicable to other circumpolar regions (Journal Abstract).


Keywords: Canada/Diet

Abstract: Breast cancer was studied over a 20-year period in Inuit populations in the circumpolar region. A total of 193 breast cancers were observed in women. The incidence increased from 28.2 per 100,000 in 1969-1973 to 34.3 per 100,000 in 1984-1988. However, the incidence is low, about half what could be expected based on the rates in Denmark, Canada and Connecticut (USA). The low incidence could be explained by the Inuit diet and other lifestyle factors. These benefits should be preserved, in particular in the young, to maintain a low breast cancer incidence (Journal Abstract).


Keywords: Ethnicity/Health/Manitoba/Medicine/Work

Abstract: Background: Data on the prevalence and compliance with management of viral hepatitis in the street-involved population are limited. Method: Hepatitis A (HAV), B (HBV) and C (HCV) serology and compliance with HBV vaccination were documented in 533 street-involved individuals. Results: The mean age of the study population was 25.7 years (range: 11-65) and 53% were female. Serologic evidence of HAV infection was present in 53%; HBV, 12% (3% ongoing infection); and HCV, 17%. HAV infections were associated with Aboriginal/ Métis ethnicity and age over 25 years; HBV with injection drug use (IDU); and HCV with IDU, sex trade work and age over 25 years. Compliance with three-step HBV vaccination was 98%, 77% and 63%. Conclusions: HAV, HBV and HCV are common infections in urban street-involved persons. Successful HBV (and presumably HAV) vaccination can be achieved in the majority of this population, but concerns exist regarding compliance with more long-term, parenterally based antiviral therapies (Journal Abstract).


Available Online: http://www.cmaj.ca

Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Diabetes

Abstract: This short article is an overview of joint research carried out by Anand, Yusuf, Jacobs, Davis, Yi, Gerstein, et al. (2001) on the incidence of cardiovascular disease (CVD) among Aboriginal people. The main research question centered on “what is the prevalence of CVD and CVD risk factors in the Canadian Aboriginal population compared with the prevalence in a Canadian population of European ancestry?” The research was carried out with members of the Six Nations Reserve in Ontario and McMaster University. Potential Aboriginal participants were randomly selected from a comprehensive list of band members and those with European ancestry were selected from Hamilton, Toronto or Edmonton. The Aboriginal samples were older and had lower incomes than those of European ancestry. The Aboriginal sample also had significant histories of diabetes, hyperlipidemia, hypertension and family history of myocardial infarction. Almost half of the Aboriginal participants had either impaired glucose tolerance, established diabetes or newly diagnosed diabetes, which alone increases the risk of CVD two- to threefold.


Keywords: Canada/Health/Status of Women

Abstract: Sixteen breast cancer survivors from the Western Arctic and the Kitikmeot Region were interviewed. Participants represented the cultural diversity of the NWT: two Inuit, two Métis, two Dene, eight Euro-Caucasian, and two new Canadian.


Keywords: Diabetes/Native Americans/Medical Treatment

Abstract: The author reviews the diabetes epidemic among Native Americans and using traditional cultural beliefs to affect the success of services to Natives experiencing vision loss.

Keywords: Edentulous/Inuit People

Abstract: Unavailable


Available Online: http://cebp.aacrjournals.org/cgi/reprint/12/6/552

Keywords: Cancer Screening/ Diabtes/Health/History

Abstract: Little is known about the breast cancer risk factors or mammogram characteristics among Native-American women. Southwestern Native-American women have a low risk of breast cancer and a high risk of diabetes. Our purpose was to determine the prevalence of known clinical risk factors for breast cancer and their association with mammogram density in a sample of Southwestern Native-American women undergoing breast cancer screening. A retrospective review was performed of screening mammogram examinations in 455 women. Density was classified by American College of Radiology Breast Imaging Reporting and Data System (BI-RADS) density patterns 1 to 4 (fat to dense). Clinical data including patient age, weight, body mass index, parity, lactation, age at first birth, menopause status, hormone replacement therapy, diabetes status, and family history of breast cancer were obtained. Multivariate analyses were performed. Among the entire group, 152 women (33.4%) had diabetes. Patient age (P = 0.0012), weight (P < 0.0001), menopause status (P = 0.0134), estrogen use (P = 0.0311), age at first birth (P = 0.0035), and diabetes (P = 0.0015) were associated with mammogram density. Diabetes was associated with mammogram density in premenopausal women (P = 0.0032) but not in postmenopausal women (P = 0.3178) in stratified analyses. Diabetes, hormone replacement therapy, age, weight, menopause status, parity, and age at first birth were significantly associated with mammogram density. The association of mammogram density with diabetes varied by menopause status and was significant only for premenopausal women (Journal Abstract).


Keywords: Cancer Screening/Cervical Cancer/ Education/Health/Health Care/Prevention

Abstract: Literature regarding cancer patterns in American Indians and Alaska Native women is reviewed and attention is paid to promising research initiatives to improve cancer prevention and control as well as approaches to enhance exchange of knowledge through a new national resource center. Lung, breast, and colorectal cancer are the leading cause of cancer deaths in American Indians and Alaska Native women. There continues to be a disproportionate death rate from cervical cancer. Enhanced availability for breast and cervical cancer screening in conjunction with community education is showing promising trends toward reversing the patterns of late diagnosis. Communities can benefit from sharing their collective resources in a new national resource center called “Native C.I.R.C.L.E.” housed in the Mayo Cancer Center (Journal Abstract).


Keywords: Cancer Screening/Cervical Cancer/ Culture/Health/Health Care

Abstract: The goal of this study was to evaluate the relationship between culture and attitudes about cervical cancer screening among young American Indian women living and working in northeast Oklahoma. A cohort of 199 American Indian women, ages 18-40, were surveyed to determine their blood quantum, self-identification, and beliefs and practices regarding traditional behavior in order to develop a traditional behavior scale (the degree to which an individual maintained traditional tribal ways or behaviors). The use of this scale indicated that the degree of American Indian blood quantum, blood quantum for primary tribe, and self-identification are correlated to the traditional behavior scale. The scale, however, was unable to predict intention to get a Pap test. Results indicate that it is useful to understand the variation of traditional behavior within the specific population group to be served when planning and implementing culturally appropriate interventions for American Indian women. It is also useful to evaluate which segments of the population current programs are reaching (Journal Abstract).


Keywords: Cancer Screening/Cervical Cancer/ Health Care

Abstract: Examines three studies of cervical cancer screening among Native women in Oklahoma to identify demographic, social, cultural, psychological and health care system factors that may influence whether or not a young Indian woman gets a Pap test.


Keywords: Canada/Cancer Screening/Cervical Cancer/Ethnic Groups

Abstract: Purpose/Objective: To examine the knowledge, attitudes, beliefs, and practices regarding breast and cervical cancer screening in selected ethnocultural groups (i.e., Italian, Ukrainian, Finnish, and the Native population) in northwestern Ontario, Canada. Design: Descriptive, exploratory. SETTING: Rural and urban settings in northwestern Ontario. Sample: 105 women aged 40 and older who were residents of northwestern Ontario and members of selected ethnic groups, including Italian, Ukrainian, Finnish, Ojibwa, and Oji-Cree. Methods: An interview guide was designed specifically for this study to gather information regarding knowledge, attitudes, beliefs, and practices about breast self-examination (BSE), clinical breast examination (CBE), mammography, and cervical cancer screening procedures. Data were obtained through face-to-face interviews (two or three hours) in English or the language spoken. Interviews in other languages were transcribed into English. FINDINGS: Ojibwa and Oji-Cree women were more likely than any other group to not have practiced BSE, to have refused CBE or mammogram, to not have been told how to perform BSE, to not have received written information about breast examination, and to be uncomfortable and fearful about cervical cancer screening procedures (33% refused internal examination as compared to 0-8% in the other ethnic groups). Four issues emerged from the findings: (a) using multimedia sources to inform women about screening programs, (b) educating women regarding breast and cervical cancer screening, (c) reminding women when they are due for screening, and (d) identifying that Pap tests are uncomfortable and frightening. Conclusions: Cultural beliefs, attitudes, and practices of marginal populations (e.g., Native women) are important to consider when developing strategies to address barriers to effective breast and cervical screening. Implications for Nursing: Educational programs that are culturally sensitive to participants are imperative (Journal Abstract).


Keywords: Education/Health/History/Cardiovascular Disease

Abstract: Cardiovascular disease (CVD) is currently the number one killer of American women. Consequently, CVD is a concern for all women, including ethnic women. However, little is known about CVD behaviors and responses to CVD symptomology among minority women, especially American Indian women. Response behaviors to chest pain require important actions. This article examines response behaviors to chest pain in a group of American Indian women participants of the Inter-Tribal Heart Project. In 1992 to 1994, 866 American Indian women, aged 22 years and older, participated in face-to-face interviews to answer survey questions on multiple areas related to cardiovascular disease on three rural reservations in Minnesota and Wisconsin. A secondary data analysis was conducted on selected variables including demographic characteristics, health care access, rating of health status, personal and family history of cardiovascular disease, and actions in response to crushing chest pain that lasted longer than 15 minutes. Research findings report that 68%...
of women would actively seek healthcare immediately if experiencing crushing chest pain that lasted longer than 15 minutes. However, 264 women (32%) would take a passive action to crushing chest pain, with 23% reporting they would sit down and wait until it passed. Analysis revealed women reporting a passive response were younger in age (under age 45) and had less education (less than a high school education). These findings have implications for nurses and other health care providers working in rural, geographically isolated Indian reservations. How to present CVD education in a culturally appropriate manner remains a challenge (Journal Abstract).


Available Online: http://www.sdhu.com/

Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Franco-Ontarian Women/ Health/Heart Health

Abstract: Provides the results of a focus group that wanted to raise awareness and educate and involve Francophone and Aboriginal women in their own heart health (CWHN Abstract).


Keywords: Cancer Screening/First Nations/First Nations Communities/ Health/History/ Breast Cancer

Abstract: Objective: To determine use of breast cancer screening and barriers to screening among women in First Nations communities (FNCs). Design: Structured, administered survey. Setting: 5 FNCs in New Brunswick. Participants: 133 (96%) of 138 eligible women between the ages of 50 and 69 years. Interventions: After project objectives, methods, and expected outcomes were discussed with community health representatives, we administered a 32-item questionnaire on many aspects of breast cancer screening. Main Outcome Measures: Rate of use of mammography and other breast cancer screening methods, and barriers to screening. RESULTS: Some 65% of participants had had mammography screening within the previous two years. Having mammography at recommended intervals and clinical breast examinations (CBEs) yearly were significantly associated with having had a physician recommend the procedures (P < .001). A family history of breast cancer increased the odds of having a mammogram 2.6-fold (P < .05, 95% confidence interval [CI] 1.03 to 6.54). Rates of screening differed sharply by whether a family physician was physically practising in the community or not (P < .05, odds ratio 2.68, 95% CI 1.14 to 6.29). Conclusion: Women in FNCs in one health region in New Brunswick have mammography with the same frequency as off-reserve women. A family physician practising part-time in the FNCs was instrumental in encouraging women to participate in breast cancer screening (Journal Abstract).


Keywords: Canada/Culture/ Research/Suicide/ Depression

Abstract: Depression and suicide rates are prevalent amongst Native people living on reservations in North America. The literature indicates that the emotional difficulty termed “depression” is common among Native people (O’Neill, 1993). However, Western understandings of the term “depression” may not always be applicable in Native contexts. Studies indicate that in some Native communities the particular impact of social circumstances on mood is related to Native peoples’ experiences of depressive illness. It is important to understand the meanings Native people give to the term “depression,” their experience of it, and the sources they ascribe to it, both social and individual. It was the purpose of this study to assess from the Native participants’ understanding, whether depression and suicide do affect those living on a reserve in northwestern Ontario. This study’s aim was to explore whether both depression and suicide, as the terms are understood in Western culture, are a problem for these Native peoples. Also, it was the aim to understand what the illness experience of depression and suicide means for these Native people, both at the social level, the contextual level and the personal one. It was intended that from this research, knowledge would be gleaned about what these Native peoples’ explanatory models were regarding the sources of low mood and suicide. This exploratory narrative investigation revealed the participants’ themes or meanings that they gave to their illness experience. These themes spoke to psychosocial sources to which these Native individuals attributed their experiences of psychological distress. In their understanding, both female and male participants experienced episodes of depressive mood and certain symptoms. Participants also had experienced suicidal thoughts and intentions. Importantly, participants sourced their mood difficulties to social causes and not to their own biologically-based predispositions or diseases as posited by Western medicalized perspectives as sources
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Keywords: Diabetes/Health/Worry/ Native American Women

Abstract: This study examined worry regarding seven major diseases and their correlates in a sample of African-American (n = 57), Native-American (n = 50), and Caucasian (n = 53) women ages 36 to 91 years. African-American and Native-American women were most worried about developing cancer (44% and 50%, respectively) while Caucasian women were most worried about osteoporosis (37%) and cancer (33%). Women from each ethnic group were more worried about developing cancer than cardiovascular diseases and conditions. African-American and Native-American women were more worried than Caucasian women about developing diabetes and high cholesterol. Body mass index (BMI) was a consistent correlate of worry; heavier women were more worried about developing diseases than were leaner women. Other risk factors (e.g., physical activity, blood pressure), however, were generally not associated with disease worry. In fact, age was inversely associated with worry regarding diabetes, cancer, and osteoporosis. Although women who were more worried about developing cancer were more likely to perform monthly breast self-exams, worry regarding other diseases was not associated with preventative actions. These results are generally consistent with other studies that indicate women are more concerned about cancer than cardiovascular diseases (Journal Abstract).


Keywords: Canada/Canadian Women/Cancer Screening/Cervical Cancer/Cultural Integrity and Identity/First Nations/Health/Health Beliefs/ Prevention/Spirituality and A Sense of Purpose

Abstract: Canadian First Nations women utilize cervical screening programs less -- often or not at all -- when compared to other Canadian women and due to this are at a greater risk for developing and dying from cervical cancer. Factors that influence women’s participation in screening programs include cultural health beliefs, feeling physically or psychologically uncomfortable, especially with male physicians, and feelings of embarrassment. Little research has been done that examines the possible reasons why First Nations women do or do not obtain cervical screening tests. The purpose of this study was to explore the knowledge, attitudes, and health beliefs of cervical cancer and cervical screening among First Nations women residing in Onion Lake, Saskatchewan. Eight First Nations women who had experience with cervical screening participated in the study. Open-ended interviews took place at each woman’s convenience and occurred in their own chosen location. Each interview was taped recorded and transcribed verbatim. Data analysis occurred throughout the data collection process. Key concepts were identified and coded. Major themes and sub-themes were identified and coded within each interview as well as across the interviews. (Abstract shortened by UMI.)


Keywords: Diet/Health/Native women/ Prevention

Abstract: Background: Although historically Alaska Native women have had a relatively low incidence of cardiovascular disease (CVD), this pattern has changed dramatically in recent years. Alaska Native leaders have identified decreasing cardiovascular risk as an intervention priority. Methods: From October 2000 to April 2001, South Central Foundation, an Alaska Native-owned and managed health corporation in Anchorage, conducted a pilot randomized controlled trial of a heart disease prevention program tailored for Alaska Native women. The aim was to assess feasibility and cultural acceptability and to develop enrollment procedures. Of 76 women who enrolled, 44 were randomized to the intervention group. Thirty-seven of 44 attended at least two intervention sessions, 23 completed pre-questionnaires and post-questionnaires, and 27 returned for 12-month follow-up screening. Thirty of 32 control group participants returned for 12-month follow-up screening. The intervention included 12 weekly sessions on lifestyle change and goal setting. At baseline and 12 months, participants’ height, weight, resting blood pressure, fasting lipid levels, and blood glucose were measured. At sessions 1 and 12, participants completed assessments regarding diet, physical activity, tobacco use, and psychosocial status. Results: At 12 weeks, significant improvements were noted in moderate walking and physical activity self-efficacy. Also observed was substantial movement from the contemplation and preparation stages to the action stage regarding physical activity and heart-healthy eating. Conclusion: Although the small sample...
size precludes drawing conclusions about the intervention’s effect, participants reported lifestyle and psychosocial changes. The pilot study resulted in protocol changes that improved the design and implementation of a subsequent large-scale study (Journal Abstract).


Keywords: Aboriginal Women/Basic Physical Needs/Canada/Cervical Cancer/Health/Manitoba

Abstract: This study sought to estimate rates of cervical cancer and Papanicolaou testing among Aboriginal and non-Aboriginal women in Manitoba, Canada. Methods: Data were derived through linking of administrative databases. Results: In comparison with non-Aboriginal women, Aboriginal women had 1.8 and 3.6 times the age-standardized incidence rates of in situ and invasive cervical cancer, respectively. With the exception of those aged 15 to 19 years, Aboriginal women were less likely to have had at least one Papanicolaou test in the preceding three years. Conclusions: Data linkage provides a rapid and inexpensive means to estimate disease burden and preventive behavior in the absence of registries. There is an urgent need for an organized Papanicolaou test screening program in the Aboriginal population (Journal Abstract).
5. Mental Health Needs

This section of the paper turns to mental health research and its applicability to the experiences of Aboriginal women. There is a paucity of research on mental health issues for Aboriginal people in Canada generally but even less exists in relation to Aboriginal women’s mental health specifically. This research area includes resources that highlight the health issues regarding stress, depression, trauma, self-harm, suicide, and death as well as psychological and intergenerational impacts of the residential school experience on female survivors. The issue of addiction and use of drugs and alcohol by Aboriginal women as coping strategies is also integrated. A scan of the literature produced numerous reports specifically addressing mental illness and Aboriginal peoples. Although none of these reports are gender specific, we can extrapolate from this literature what might be the some of the issues facing Canadian Aboriginal women, especially in terms of understanding how they have coped with mental stresses in their lives.

Laurence Kirmayer is one of the leading research and clinical psychiatrists in Canada who has conducted extensive research into mental illness with various Aboriginal populations. Kirmayer (2000) states that much of the mental health problems faced by Aboriginal people today stem from the very first contact with early European settlers. The history of European colonization of Northern America is a harrowing tale of the indigenous population’s decimation by infectious disease, warfare, and active suppression of culture and identity that was tantamount to genocide (Kirmayer, 2000). Kirmayer notes that the indigenous population of North America prior to the arrival of Europeans is estimated to have been approximately 7 million. Close to 90% of this population, he states, died as a result of the direct and indirect effects of contact with European cultures. European economics, politics and religious institutions also contributed to the displacement and oppression of the indigenous populations in North America. Many diseases (e.g. smallpox, measles, influenza, bubonic plague, diphtheria, typhus, cholera, scarlet fever, etc) were introduced along with a growing reliance upon European food that effectively helped wipe out or severely weaken once strong societies. With confederation came policies that imposed forced sedentization, creation of reserves, and relocation to remote regions, residential schools and bureaucratic control that would ultimately hasten the destruction of indigenous cultures. These early policies developed and implemented by the earlier governments regarding Aboriginal peoples devastated their culture and life ways. These historical events have documented effects, which reach into the 21st century and can be found elsewhere in the literature about North American indigenous peoples.

This postcolonial contact has caused intergenerational stress, historical trauma and psychological wounds among Aboriginal peoples that span many generations (Struthers and Lowe, 2003). The policies enacted by the Canadian government—taking away lands and terminating or assimilating First Nations culture—have resulted in a trauma of catastrophic proportions with accordingly destructive outcomes. Kirmayer notes that the cumulative effect of these polices are reflected in the endemic mental health problems of many Aboriginal communities and populations across Canada. Struthers and Lowe’s (2003) research points out that:

The symptoms resulting from historical trauma are numerous and affect the psychological, social, economic, intellectual, political, physical, and spiritual realms of Native American people. Links have been made between the phenomenon of historical trauma and states of imbalance and disease (Bullock, 2001; van derKolk, 2001; Yellow Horse Brave Heart, 1999). Responses to trauma manifest psychologically as unresolved grief across generations, high rates of substance abuse including alcoholism (Yellow Horse Brave Heart, 1999; Yellow Horse Brave Heart-Jordan, 1995), depression, suicide, and overeating...
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Social concerns resulting from historical trauma include poverty, crime (Trujillo, 2000), attainment of low education levels, and high rates of homicide, accidental deaths, child abuse, and domestic abuse (Department of Health and Human Services, 1997). Effects of historical trauma occurring on the physical plane include hypertension, heart disease, (Yellow Horse Brave Heart, 1999), diabetes (Bullock, 2001), being overweight (Yellow Horse Brave Heart-Jordan, 1995), and cirrhosis (Department of Health and Human Services, 1997). In the spiritual realm, historical trauma is referred to as wounding of the soul (Duran, 2001). Currently, Type 2 diabetes is an epidemic in Native American communities (Bullock, 2001; Struthers, Hodge, De Cora, & Geishirt-Cantrell, 2003; Swift, 2000) and it appears this chronic disease will serve as the contemporary trauma for Native American people (p.259-260).

More recently, Kirmayer pointed out that the intergenerational impact of residential school:

... has had an enduring psychological, social and economic effect on survivors. Transgenerational effects of the residential schools include: the structural effects of disrupting families and communities; the transmission of explicit models and ideologies of parenting based on experiences in punitive institutional settings; patterns of emotional responding that reflect the lack of warmth and intimacy in childhood; repetition of physical and sexual abuse; loss of knowledge, language and tradition; systematic devaluing of Aboriginal identity; and, paradoxically, essentializing Aboriginal identity by treating it as something intrinsic to the person, static and incapable of change. These accounts point to a loss of individual and collective self-esteem, to individual and collective disempowerment and, in some instances, to the destruction of communities.

The corrosive effect of poverty and economic marginalization also continues to have a deep impact on the mental and physical health of Aboriginal people (Kirmayer, 1997, 2000). In earlier research, Kirmayer stated that the most consistent risk factors for common mental disorders are low socioeconomic status (poverty) and female gender. The effects of employment on mental health among women are context dependent, i.e., it depends on the relative benefits and drawbacks of employment. In many situations, women who work continue to do the largest part of child care and homemaking. As a result they experience a double burden and may be at risk of depression or other problems. Married women with young children and full-time jobs may be at especially high risk (Kirmayer, 1997).

Conversely, a review of U.S. research on mental health and Native American Indians is relatively substantial and may also be instrumental in understanding the mental health issues for the Aboriginal populations within Canada. Although much of this research is based on the American perspective, the application of the findings to the Canadian context is comparable. Manson (2000) builds on the cultural experience of illness and incorporates the current body of U.S. research into a discussion about the need for and availability of services to Native American populations specifically. In the United States, Manson states that over 2,000 journal articles and book chapters have been published specifically on mental health and American Indians between the years 1980 and 1995. However, Manson notes that new advances in research involving culture in the assessment and treatment of mental health problems for Native American Indians continues to be one of the greatest deficiencies noted in the published literature. Likewise, Kirmayer (2000) has noted a lack of professional training in mental health and research in the mental health field among Aboriginal peoples.

Manson’s review of the literature in the field of mental health involving the historical impact of colonization essentially mirrors the lived experiences of Canadian Aboriginal peoples. Like Canadian Aboriginal people, the birth rate is the highest of any major cultural group in the United States. Similarly, like the Native population in Canada, American Indians are considerably younger than the U.S. population as a whole, with a median age of 24.4 years compared with 34.4 years. Yet, infant mortality is greater among American Indians than among the general population. Nationally, the unemployment
rates for American Indian men and women are 16.2% and 13.5%, respectively, significantly higher than the 6.4% and 6.2% for their “U.S. all races” counterparts. The median household income for the former is $19,865, compared with $30,056 for the latter; 31.7% of American Indian families live below the poverty level, compared with a national rate of 13.1%. Employment opportunities are especially scarce in most reservation communities. Northern Plains Indian reservations were among the 10 counties in the nation with the highest unemployment rates in 1990. Thirty-seven per cent and 28% of American Indian and Alaska Native children, respectively, live in single-parent families (similar to Canadian statistics). Adoption rates and foster care placement, especially out of Indian homes, are unparalleled in any other segment of the population. Mortality data indicate that suicide and homicide are the second and third leading causes of death, respectively, for American Indian youth 15 to 24 years of age, exceeded only by accidents. Manson indicates these rates are two to three times the national average. In this special population, 6 of the 10 leading causes of death are alcohol-related. American Indian children growing up under these stressful circumstances are at high risk for behavioural and emotional problems: while data on the prevalence of alcohol, drug, and mental (ADM) disorders among American Indian youth are scarce, some evidence suggests that American Indian youth experience more mental health problems than their peers in the general population. Although population-based data on adolescent suicide, alcohol, and drug use rates for American Indians are available, little data exist for these and other mental disorders defined according to current diagnostic systems for either adults or adolescents. Suicide rates among American Indians vary greatly among tribes and over time (Manson, 2000).

In Native populations, Manson notes, suicide is primarily a phenomenon of the young, and especially of males. Citing Indian Health Statistics data used by other researchers, Manson observed age-specific suicide rates for ages 10-24 years to be 2.3 to 2.8 times as high as general U.S. rates; certain communities have experienced much higher rates and clusters of suicides. Further, in a survey of over 13,000 American Indian adolescents, 22% of females and 12% of males reported having attempted suicide at some time. Over 67% of those who reported attempts had made those attempts within the past year. Fourteen per cent of the females and 8% of the males reported significant feelings of sadness and hopelessness (Manson, 2000, p.620).

Better assessment strategies to measure the mental capacity of Aboriginal seniors are needed and capacity assessments should include acknowledgement of the differing degrees of acculturation within and between Aboriginal groups (Cattarinish, Gibson and Cave, 2001). In a review of the literature on women, gender and health, Janzen (1998) found that to appropriately document and understand the variability of health among women, attention to the particular circumstances of women’s lives is required, especially in relation to older women, Aboriginal women and immigrant and refugee women. Nine out of ten former residential school students felt that mental health services were in need of improvement.

Self-harm among women is a serious health concern in Canada, especially among women who are in conflict with the law. Fillmore, Dell and the Elizabeth Fry Society of Manitoba (2000) paid particular attention to incarcerated Aboriginal women’s experiences of self-harm. It was found that women had the greatest likelihood of self-harm when in highly unstable and unsupportive families. Such families were characterized by: frequent moving and intermittent or permanent placements in foster and group homes; absent, weak or traumatic bonds with primary caregivers (especially the mother); unmet emotional and social needs; childhood abuse and violence (sexual, emotional, physical, and neglect); and
adult abuse and violence, primarily by a partner (sexual, emotional, physical, and neglect). The study also found that the majority of women endured traumatic childhood and adult experiences.

Traditional healing and the use of Medicine women as well as men were seen as integral to the services delivered to Native Americans by a Native American Mental Health Program (Kahn, Lejero and Marion, 1988).

Although not gender specific in their analysis of mental health problems among Aboriginal people, Kirmayer, Simpson and Corgo (2003) note there are high rates of social problems, demoralization, depression, substance abuse, suicide and other mental health problems in many, though not all Aboriginal communities. Cultural oppression and marginalization contributes to the high levels of mental health problems in Aboriginal communities and intervention and prevention needs to begin with youth and emphasize community empowerment.

Kirmayer, Fletcher, Corin and Boothroyd (1994) conducted research among the Inuit to get a better understanding about their perspectives on mental health and illness. Some of the findings indicate that most Inuit people were not very familiar with mental health problems and that they had no general term for mental health or illness in their Inuktitut language. The Inuit identified that the most prevalent mental health problems were alcohol and drug abuse, family violence and abuse, and suicidal behavior. Although some people who completed suicide were described as withdrawn, isolated, depressed, having heavy thoughts, low self-esteem or hating themselves prior to their suicide, in many cases their suicide came as a complete surprise even to close friends and relatives. The presence of hallucinations or bizarre behavior prompted people to think of mental illness or demon possession. Inuit women are in need of more psychiatric counselling said Abbey and Hood (1993).

Kirmayer, Bass and Tait (2000) summarize evidence on the social origins of mental health problems among Aboriginal peoples and illustrate the ongoing responses of individuals and communities to the legacy of colonization. Cultural discontinuity and oppression have been linked to high rates of depression, alcoholism, suicide, and violence in many communities, with the greatest impact on youth. Despite these challenges, Kirmayer and his colleagues state that many communities have done well, but more research is needed to identify factors that promote wellness. Cultural psychiatry can contribute to rethinking mental health services and health promotion for indigenous populations and communities.

The aim of Kirmayer and Colleagues’ (Kirmayer, Gill, Fletcher, Ternar, Boothroyd and Quesney, 1994) report on mental health issues among the three Aboriginal groups was to identify emerging trends in research themes and methods. The review of the literature reveals that with respect to Aboriginal peoples the emphasis has been more on substance use and social problems than on underlying psychiatric disorders. Exclusive focus on the social dimension has given a distorted picture of the mental health issues experienced by Aboriginal peoples.

Mohatt, Ed and Sverre Varvin (1998) provide details about a case of how a First Nation’s woman who experienced significant psychotic symptoms was understood and treated by both western professionals and traditional healers simultaneously. Although significant differences existed in the western and First Nations’ approaches, enough common ground existed for complementary treatment to occur and for the First Nations woman to find each system helpful. Napoli (2002) also looked at an integrated health model which offered an opportunity to deal with the challenges of mental health and health issues through traditional
activities, enhancing physical and spiritual health while creating an atmosphere of empowerment and mutual support.

Depression and Suicide

MacLean (1988) explored the views and experiences of depression by Chipewyan and white northern women as related from their perspective as well as analyzed how these experiences may be constructed and viewed differently by women of the two different cultures. MacLean also analyzed the similarities and differences in how depression is viewed between the women and Native and white mental health practitioners. It appeared that the majority of aspects of the depressive experience for these two cultural groups were similar, suggesting functional equivalence of the depression phenomenon. The importance of social disconnection in the role of depression was mentioned by both cultural groups. Other possible differences discussed concerned the possibly greater emphasis on spirituality and harmony for mental health for the Chipewyan women, the different views of sources of help for depression, and differences in concern for confidentiality and stigma.

MacMillan, Patterson, Wathen and the Canadian Task Force on Preventive Health Care (2005), while not exclusively focusing on Aboriginal women, found that the Aboriginal women who participated in their study tended to have higher rates of depression than did the non-Aboriginal samples in the study. Ross (1995) established that Aboriginal women are at high risk of committing suicide especially if there are addictions present. Walker (1999) on the other hand, explored Aboriginal peoples’ understanding of depression and suicide and whether Aboriginal people believe it is a problem. The male and female participants indicated that they have experienced episodes of depressive moods and certain symptoms along with suicidal thoughts and intentions. The findings indicate that the participants connected their mental conditions to social causes rather than to their own biologically based predispositions or diseases as suggested by Western medicalized perspectives.

Malchy, Enns, Young and Cox (1997) looked at suicide among Aboriginal and non-Aboriginal peoples by reviewing and analyzing the records held by the Office of the Chief Medical Examiner in Manitoba. The findings reveal that the average age of suicide victims was 27 years for the Aboriginal sample while it was 44 years for the non-Aboriginal sample. Also it appears that the blood alcohol level was higher among Aboriginal peoples. Non-Aboriginal people were also more likely to see out psychiatric treatment than Aboriginal suicide victims. Although suicide was higher among Aboriginal people living on reserve than among those living off reserve, both rates were considered substantially higher than the overall rates among non-Aboriginal peoples. Suicide ideation and intention has also been explored in the research conducted by Paproski (1997) among women of five First Nations communities in British Columbia. Paproski’s findings indicate that cultural connections and Native spirituality in particular does play a positive role in intervention and prevention of suicide among First Nations youth.

Wardman and Khan (2004) examined the use of antidepressant medicinal drugs among First Nations peoples in British Columbia and found that during 2001, 10,982 individuals or 9.8% of the population filled an antidepressant medication prescription. The majority, (70.1%), was female and the average age of claimants was 40.3 years. The authors of this study indicate that this high prevalence of antidepressant medication use may be explained by a higher prevalence of disorders treated with antidepressant medications or that these disorders may be over-diagnosed in First Nations people.

Stress

Little is known about stress factors and
coping mechanisms employed by Aboriginal women to handle stress. Research into stress among Aboriginal women and men was conducted by Iwasaki, Bartlett and O’Neil and the results published in two articles (2004 and 2005). Both articles sought to understand how stress was dealt with by Aboriginal women and men living with diabetes. Participants’ descriptions derived from focus groups have revealed that lives of Aboriginal people with diabetes are filled with stress. The key common themes identified are concerned not only with health-related issues (i.e. physical stress of managing diabetes, psychological stress of managing diabetes, fears about the future, suffering the complications of diabetes, and financial aspects of living with diabetes), but also with marginal economic conditions (e.g. poverty, unemployment); trauma and violence (e.g. abuse, murder, suicide, missing children, bereavement); and cultural, historical, and political aspects linked to the identity of being Aboriginal (e.g. ‘deep-rooted racism’, identity problems). These themes are, in fact, acknowledged not as mutually exclusive, but as intertwined. Furthermore, the findings suggest that it is important to give attention to diversity in the Aboriginal population. Specifically, Métis-specific stressors, as well as female-specific stressors, were identified. An understanding of stress experienced by Aboriginal women and men with diabetes has important implications for policy and programme planning to help eliminate or reduce at-risk stress factors, prevent stress-related illnesses, and enhance their health and life quality.

The stress experiences of young First Nations women living in a Mi’kmaq reserve was explored by McIntyre, Wien, Rudderham, Eter, Moore, MacDonald and the Maritime Centre of Excellence for Women’s Health (2001). Stress was described by the girls in this study as an internal emotion but often externalized feelings outside of themselves. In addition the young women identify such stressors as family and school among others. Stress experiences included the realms of physical, mental, emotional and spiritual health stressors. Female view on stress was compared to that of males on reserve as well as compared to the views expressed by individuals providing professional services to youth on reserve. Closely related to stress was the topic of worry. Worry was the topic of research conducted by Wilcox (2002) in response to the presence of diseases among a number of Native American, Caucasian, and African-American women between the ages of 36 to 91 years.

Trauma

Walters and Simoni (2002) noted that empirical evidence to date shows that trauma such as “soul wound” or historical and contemporary discrimination against Native women influences health and mental health outcomes for women. “Soul wounds” and trauma was connected to domestic violence and/or physical and sexual assault. Other researchers who have looked at the connection between trauma and mental illness among Aboriginal women includes research by Braveheart-Jordan and DeBruyn (2005) who highlight the concepts of historical trauma, unresolved grief and traditional cultural perspectives into therapeutic content regarding the clinical interventions with Native American women in the United States. Intergenerational trauma experienced by Aboriginal people was the focus of a four-day workshop on healing by an international grief expert (Robinson, 1997). Seeing the facilitator as someone who has gone through similar experiences and who has been able to recover often gives people the courage to express their pain for the first time, or to take the next big step in looking at the traumas of their childhood. Struthers and Lowe (2003) have also noted that trauma, especially historical trauma, is a significant fact in the lives of Native American people which affects both their health
Annotated Overview of Research on Aboriginal Women, Health and Healing

Struthers and Lowe indicate that mental health nurses and others working in the mental health field are repeatedly confronted with historical trauma when working with Native American communities and that healing historical trauma requires culturally appropriate strategies derived from ancient knowledge, philosophy and world views of Native American people.

Substance Misuse

In reviewing mental health and substance use literature, it becomes obvious that there is a variety of links between them. Mental health problems often occur in conjunction with substance use problems. The literature also suggests that mental health problems can act as risk factors for substance use problems and vice versa. This type of linkage indicates that when people begin to have problems in one area, they may be affected in the other. As well, individuals who are able to cope or who have a sense of well-being are less likely to experience substance use problems. The literature therefore under this section looks at the ways in which Aboriginal women have coped with mental health, trauma, grief, abuse and what is known about the connection between mental health and addictions.

Substance abuse among Aboriginal women has been seen as a symptom of underlying problems facing women that stem from low self-esteem, physical, sexual and/or psychological abuse, poverty and isolation (McNaughton, 1993). A review of press coverage about women who drink revealed that Aboriginal women who drink received harsher moral judgment and the media coverage was often laden with patronizing perspectives toward Aboriginal women who drink (Ford, 2000). Grace (2003) found that among women who presented for primary care for mental disorders, Native American women had high rates of alcohol use disorders, anxiety disorders, and anxiety/depression co-morbidity compared with other samples of non–American Indian/Alaska Native women in primary care settings. Anaquot and Scott (1995) noted that little is known about the addictions of indigenous women. Their findings suggest that alcohol is the abuse substance of choice for Aboriginal women and the high rates of FASD indicate that addictions among indigenous women do result in severe and debilitating consequences, if not for them physically, for their children (Ferguson, 1997). The Province of British Columbia (2000) has looked extensively at the issue of substance abuse among Aboriginal women. From their review of the literature, it became evident that little focused attention has been paid to the issue of providing gender-specific support to Aboriginal women with substance use problems. The presence of addictions also increased women’s vulnerability to committing suicide (Ross, 1995).

The literature also discusses treatment services for Aboriginal women although what is available is scant. Parker (1999) for instance, discussed residential group therapy for alcoholism. Group therapy appears to be more effective for the First Nations participants and helped them and others to know and appreciate one another. Peterson, Berkowitz, Cart and Brindis (2002) also noted that knowledge about the treatment needs of Native Americans is sorely lacking. They note that Native American women experience various forms of abuse and neglect from childhood into adulthood and have been exposed to alcohol and other drugs from an early point in their lives. Most of the women who participated in their study made multiple attempts to recover from their addictions, primarily for the sake of their children. Wardman, Khan and el-Guebaly’s (2002) research with Aboriginal people in addiction treatment indicates that very little research exists with respect to the high rates of inappropriate use of prescription medication by Aboriginal people. In their findings they noted inappropriate prescription medication use was a significant problem among
an Aboriginal population that sought addiction treatment, and many of these individuals accessed medication from a prescribing physician. Harris (2003) notes that the inadequacy of addiction services to Aboriginal women recovering from addiction in urban areas raises these women’s risk of recidivism and impairs their ability to maintain healthy addiction-free lifestyles. The need for more after-care and outpatient treatment facilities for Aboriginal people and women with addictions was stressed by Jacobs (2000). In accessing health services, Brunen (2000) noted that Aboriginal women are triply marginalized by their addictions in addition to their low income status and racial identification as First Nations women. Pregnant Aboriginal women who are substance users also need access to services that are cognizant of their culture and the diversity of Aboriginal people (Tait, 2000). Tait also noted that geography also plays a part in women being able to access services because so many of them live in isolated geographical locations which make access to service delivery difficult.

There is little published information regarding the prevalence of mental health problems among Aboriginal women in Canada. Diagnosis and classification of mental health problems cross-culturally using Western medical definitions continue to present a challenge for health professionals, but high suicide rates and the adverse socioeconomic circumstances facing many Aboriginal people indicate higher prevalence rates for some mental health problems, including depression, with large variation between different communities; this is supported by American data.

An annotated list of resources for mental health and substance misuse issues in connection with Aboriginal women is listed below.

Bibliography of Resources


   Keywords: Health/Inuit Women/ Sexual Violence

   Abstract: This paper describes mental health issues affecting Inuit women as seen in psychiatric consultation. Recent public and governmental attention has focused on the emotional and behavioural impacts of rapid cultural change, spousal assault and sexual violence. The process of psychiatric consultation with Inuit women patients is described. The need for innovative, community-based treatment strategies is highlighted (Journal Abstract).


   Keywords: Aboriginal Women/Basic Physical Needs/Fetal Alcohol Syndrome/Effects/Healing/ Substance Addictions

   Abstract: Little is known about addictions and indigenous women. Commonly, substance abuse is determined from social indicators, such as deaths due to injury and poisoning. However, indigenous women do not show rates in these categories as high as their male counterparts. The author suggests that the physical consequences of indigenous women’s addictions are not as frequently fatal as males’ addictions. Nonetheless, when the high rate of fetal alcohol syndrome is examined, it is clear that addictions do result in severe and debilitating consequences. Other surveys report that more women were entering treatment centres in the western provinces and a large number of participants were between 25-34 years of age. Alcohol surfaced as the abuse substance of choice but there was a clear pattern of polarization (heavy users and abstainers) in alcohol consumption patterns. Treatment programs remain essentially male-oriented; structural changes, such as the availability of day care during treatment, may be necessary to aid a woman’s quest to heal.


   Keywords: Aboriginal Peoples/ Adequate Power/Canada/Culture/ Healing/Justice/Native women/ Offenders/Prevention/women/Youth

   Abstract: This publication reports on innovations in the administration of justice, social reintegration of offenders, administration of justice alternatives, and in the recovery of damaged communities. This publication provides descriptions of programs, assessment
of their impact, and advocacy for further change involving: Indigenous Models for Community Reconstruction and Social Recovery; Social Policy and Canada’s Aboriginal People: The Need for Fundamental Reforms; Making the Criminal Law Your Own: The Tokelau Endeavour; Maori and Youth Justice in New Zealand; ‘Slay the Monsters’: Peacemaker Court and Violence Control Plans for the Navajo Nation; Mediation within Aboriginal Communities: Issues and Challenges; ‘The Strength of Community’: The Native Counselling Services of Alberta Story; ‘A Fitting Remedy’: Aboriginal Justice As a Community Healing Strategy; Addressing Aboriginal Crime and Victimization in Canada: Revitalizing Communities, Cultures and Traditions; ‘Body, Mind and Spirit’: Native Community Addictions, Treatment and Prevention.


Keywords: Aboriginal Peoples/ Canada/ Diabetes/Gender/Health/Health Care/ Research

Abstract: The purpose of the evaluation of the Aboriginal Diabetes Wellness Program (ADWP) in Edmonton is to determine whether or not individuals attending the ADWP are healthier as a result of the services that the program provides. The research is quantitative based. A limitation of the study is that it does not include qualitative data to assess what causes some people to improve their health and others not. This thesis utilized explanatory models as a guide to interview a total of twelve Aboriginal peoples with diabetes, their family members, and a health care professional from the ADWP to understand the lived experience of Aboriginal people with diabetes. The Aboriginal people were of Cree, Ojibway, and Métis heritage. In addition to the twelve explanatory models, a focus group with staff members and two semi-structured interviews with an Elder and cultural helper were obtained. There was a broad range of explanatory models due to the age, gender, and geographic location of the people interviewed. Twelve themes were extrapolated, including causes of type 2 diabetes, impact of prior knowledge about diabetes, levels of exercise, the consumption of fatty foods, support systems, caregiving, Native spirituality, humor, residential school experience, alcohol consumption, socioeconomic status, grieving and fears related to complications. These results reflect the experience of resiliency among Aboriginal people living with diabetes. This research complements an evaluation of the Aboriginal Diabetes Wellness Program that was outcome based (Author Abstract).


Keywords: Culture/Empowerment/ History/ Native women/Racism/ Trauma

Abstract: The impact of traumatic historical events on the indigenous peoples of the Americas by European cultures has powerful implications for clinical interventions with Native peoples of today. The article introduces the general concept of “historical trauma,” outlining the specific history of the Lakota/Dakota (Sioux) of the Northern plains as it relates to the theory of historical trauma and unresolved grief. Focus is on the importance of integrating the concept of historical trauma and traditional cultural perspectives into the therapeutic content of clinical interventions with Native American Indian women. The authors address issues of transference and counter-transference as well as what it means to become a culturally competent therapist. They caution against utilizing feminist theory without consideration of cultural and historical factors relevant to Indian women clients and discuss the effectiveness of psychoeducational groups that are semi-structured, based on an empowerment model of providing coping skills and other skills development for Native American Indian women (from the chapter).


Keywords: Aboriginal Women/British Columbia/ Canada/Health/Prevention/Women’s Health

Abstract: This article includes a discussion on a variety of issues pertaining to Aboriginal women’s health and hygiene, substance abuse, substance-related disorders as well as an examination of prevention and control of such disorders.


Available Online: http://www.unbc.ca/northernfire/Addictions.PDF

Keywords: Aboriginal Women/ Adequate
Income and Sustainable Economies/British Columbia/Canada/ First Nations/Health/Health Care/ Racism/Safety and Security/Women with Addictions/Women’s Health

Abstract: This paper is based on the author’s practicum placement at the Northern Secretariat of the BC Centre of Excellence for Women’s Health. Under the supervision of the Northern Secretariat Coordinator, the author (1) defined and developed a viable research question in women’s health; (2) identified and assessed the relevant literature; and (3) provided recommendations for further research. The author synthesized the material to explore racism in health care which a primary focus on the ways in which First Nations women who misuse substances are triply marginalized in the health care system and the implications for these women.


Keywords: Native women/Substance Addictions

Abstract: This report examines the topic of Native Women and what media tools have been developed to focus on their use of drugs and alcohol and the causes and solutions to the problem. The bibliography provides a list of films, pamphlets, audio tapes, video tapes, posters, books, training manuals and kits, Native media tools, and a resource directory.


Keywords: Adequate Human Services and Social Safety Net/Health/Life-Sustaining Values, Morals and Ethics

Abstract: The purpose of this research is to identify Dogrib perspectives surrounding mental health and illness. Women from Dogrib communities who are currently receiving treatment for a long-term mental illness will be interviewed to learn their perceptions of need for treatment, what their expectations are and how their familial relationships have shifted over the course of treatment (Au).


Keywords: Health/Medicine/Native Americans/ Women’s Health

Abstract: Objectives: We examined the lifetime and the past-year prevalence and correlates of common mental disorders among American Indian and Alaska Native women who presented for primary care. Methods: We screened 489 consecutively presenting female primary care patients aged 18 through 45 years with the General Health Questionnaire, 12-item version. A sub-sample (n = 234) completed the Composite International Diagnostic Interview. We examined associations between psychiatric disorders and socio-demographic variables, boarding school attendance, and psychopathology in the family of origin. Results: The study participants had high rates of alcohol use disorders, anxiety disorders, and anxiety/ depression co-morbidity compared with other samples of non-American Indian/Alaska Native women in primary care settings. Conclusions: There is a need for culturally appropriate mental health treatments and preventive services (Journal Abstract).


Keywords: Ethnicity/Native women/Prevention/ Fetal Alcohol Syndrome

Abstract: An inductive methodology, known as grounded theory, was utilized in an attempt to inform and challenge current theory and practice governing contemporary prevention efforts specifically targeting pregnant Native women. Various strands of the picture are filtered through a critical lens in an attempt to deconstruct the problematization of FAS within Aboriginal communities. The three primary strands identified were the relationships of alcohol to women; alcohol to ethnicity; and alcohol to Natives. The deconstruction of the problem of FAS yields implications on two levels: (1) epistemologically, the relationships between social control and language and discourse, and ideology, knowledge and power, are identified as being of concern, needing to be critically challenged and reconstructed; and (2) on an applied level, it is argued that there is a need for a more comprehensive approach to prevention efforts, with clearly defined goals that are both culturally relevant and adopt a more holistic approach to prevention.


Available Online: http://www.pwhce.ca/pdf/self-harm.pdf

Keywords: Aboriginal Women/ Canada/ Culture/Health/History/Manitoba/Research/Self-
Abstract: Self-harm among women is a serious health concern in Canada. In recent years, the Elizabeth Fry Society of Manitoba, in its work with women in conflict with the law, recognized an alarming increase in the number of women who identified themselves as self-injurers and the need for expanded research and understanding. The link between childhood experiences of violence and abuse (physical, sexual, emotional, neglect) and self-harm is well documented in the research literature. An unexamined focus is the relationship between adult experiences of abuse and violence and self-harm. This study addresses two areas of self-harm that have received little attention: (1) the needs, supports and services of women in conflict with the law in both the community and institutional settings, and (2) Aboriginal women in conflict with the law. Each of our data sources offered a unique perspective from which to address the research focus: interviews with women, both in the community and correctional institutions; a focus group with incarcerated women; community agency and correctional staff interviews; correctional staff surveys; and review of community and correctional institution policies. Our study concentrated on the Prairie Region of Canada. Considerable insight and understanding has been gained in this research regarding the needs, supports and services of women who self-harm while incarcerated and in the community. This study has enabled us to examine helpful and unhelpful responses to self-harm in these settings. Special awareness has been attained in these areas regarding the importance of Aboriginal culture in responding to the needs, supports and services of women who self-harm. The narratives of the women in the community and correctional institutions were combined for the data analysis. The main reason was that all women, with one exception, had a history of conflict with the law, with the majority having experienced a period of incarceration. Particular attention was paid to Aboriginal women’s experiences of self-harm. As well, information gathered on community and correctional staff members was combined due to the limited number of staff respondents and the close similarity between the two groups. Where feasible, however, general references are made to denote whether a community or institutional context applies (Adapted from Executive Summary).


Keywords: Canada/Research/women

Abstract: Articles about women and drinking that appear in the daily press often focus more attention on their socially constructed role of mother than on their physical or medical needs. This research involves statistical and content analyses of 149 newspaper articles about women and drinking that appeared in seven Canadian daily newspapers at various intervals between 1978 and 1998. The research explores the effect on the tone of the article of a number of variables, including: the sex of the journalist, the sex, race, employment and socioeconomic status of the drinker, and the sources. Articles in the 1990s are generally sensationalized, as opposed to the more compassionate coverage of the 1970s. Articles are more likely to be negative than positive, and when the drinker is an Aboriginal woman the article is often patronizing and laden with moral judgment (Author Abstract).


Keywords: Aboriginal Women/Basic Physical Needs/Culture/Diabetes/Family Violence/Health/Health Risks/Suicide/Women’s Health

Abstract: In traditional Aboriginal cultures, women are the givers of life, and this role is highly respected. Unfortunately, today many Aboriginal women face greater health risks than women in the general population. The following presents a review of Aboriginal women’s health status in Ontario, with particular focus on causes of mortality and morbidity: namely the incidence and prevalence of heart disease, diabetes, suicide, cancer, depression, substance use, and family violence in comparison to women of Ontario more generally.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Adequate Power/Culture

Abstract: When residential schools opened in the 1830s, First Nations envisioned their children learning in a nurturing environment, staffed with their own teachers, ministers, and interpreters. Instead, students were taught by outsiders, regularly forced to renounce their cultures and languages, and some were subjected to degradations and abuses that left severe emotional scars for generations. In Finding My Talk, fourteen Aboriginal women who attended residential schools, or whose lives were affected by the schools, reflect on their experiences. They describe their years in residential schools across Canada and how they overcame tremendous obstacles to become strong and independent members of Aboriginal cultures. Dr. Agnes

Harm/Work
Grant’s painstaking research and interview methods ensure that it is the women’s voices we hear in Finding My Talk, and that these women are viewed as members of today’s global society, not only as victims of their past.


Keywords: Strong Families and Healthy Child Development

Abstract: Although this report is general in scope regarding the portrayal of Canadian women mothering under duress, it does speak widely on the experience of Aboriginal women mothering under the media spotlight. Three types of cases are examined in detail: mothers who use substances, mothers who have mental health issues and mothers who have experienced violence in domestic settings.


Keywords: Aboriginal Women/ Canada/Suicide

Abstract: Reviews two theoretical perspectives that explain the etiology of suicide, drawing on data from incarcerated Aboriginal women in Canada. Deprivation theory emphasizes the role of the prison environment, while importation theory focuses on individual inmate characteristics. These opposing perspectives are rejected in favour of an interactionist approach that stresses the interplay between environmental forces (e.g. social and physical isolation created by incarceration) and individual risk factors (e.g. economic deprivation and violence existing prior to the inmate’s admittance to custody) (Journal Abstract).


Keywords: Aboriginal Women/ Canada/ Children/History/Native women/Research/ women

Abstract: The purpose of this study was to learn about the experiences of Aboriginal women in recovery from addiction. Specifically, understanding their life experiences and their perspective on service delivery were sought. The two questions that were asked were: (1) what’s life been like since you got out of treatment? and (2) what do you think about existing services? The participants who participated in this study were quite heterogeneous. At the time of this research, their ages ranged from 35 to 48 years old; they had between 8 and 12 years of abstinence from drugs or alcohol; three were single mothers, one was married with children, and one did not have children; three worked full-time, one worked part-time, and one was in school; one is a lesbian; two had no connection to their cultural history due to growing up away from their community; one was Métis; two were from eastern Canada, while two were from BC; and the fifth participant was from northern Saskatchewan. The author notes that based on the small sample and on the diversity of the participants, the findings cannot be generalized to all urban Native women in recovery from addictions.


Keywords: Health/Native women/ women

Abstract: The purpose of this article was to determine the adequacy of current addiction services for Vancouver’s urban Native women in recovery from addiction. Urban Native women continue to be at risk of recidivism due to a number of issues that directly affect their ability to maintain a health addiction-free lifestyle. The author argues that urban Native women experience unique difficulties in their efforts to find a new way to live, difficulties that could be mitigated by providing holistic and integrated services.


Keywords: First Nations/Sexual Abuse

Abstract: Profiles Gaye Hanson, a consultant at Yukon First Nations. Spiritual life; Educational background; Views on alcohol, violence and sexual abuses on women (Journal Abstract).


Keywords: British Columbia/Cancer Screening/ First Nations Women/First Nations Communities/ First Nations Women/Health/Health Care

Abstract: Objective: To determine Pap smear
screening rates among urban First Nations women in British Columbia; to identify facilitators and barriers; and to develop, implement, and evaluate specific interventions to improve Pap smear screening in Vancouver. Design: Computer records of band membership lists and the Cervical Cytology Screening Program registry were compared to determine screening rates; personal interviews and community meetings identified facilitators and barriers to urban screening programs. A community advisory committee and the project team collaborated on developing specific interventions. Setting and Participants: Purposive sample of British Columbia First Nations women, focusing on women living in Vancouver. Interventions: Poster, art card, and follow-up pamphlet campaign; articles in First Nations community papers; community meetings; and Pap smear screening clinics for First Nations women. Main Outcome Measures: Pap smear screening rates among BC First Nations women according to residence and reasons for not receiving Pap smears. Results: Pap smear screening rates were substantially lower among First Nations women than among other British Columbia women; older women had even lower rates. No clear differences were found among First Nations women residing on reserves, residing in Vancouver, or residing off reserves elsewhere in British Columbia. Facilitators and barriers to screening were similar among women residing on reserves and in Vancouver. Many First Nations women are greatly affected by health care providers’ attitudes, abilities to provide clear information, and abilities to establish trusting relationships. Conclusion: Family physicians are an important source of information and motivation for Pap smear screening among First Nations women (Journal Abstract).


Available Online: http://jhn.sagepub.com/cgi/content/refs/22/3/209

Keywords: Culture/First Nations/ Tobacco/ Ojibway Communities/substance abuse

Abstract: This article features information based on the interviews of six Ojibwe traditional healers and spiritual leaders regarding the sacred use of tobacco. This research provides information on key-informant smoking behaviors, influence of tobacco industry media, and three essential themes: the origin of sacred traditional tobacco; contemporary use and abuse of tobacco; and cultural strengths and meaning of tobacco in Anishinabe (Ojibwe) communities (Journal Abstract).


Keywords: Aboriginal Peoples/ Adequate Power/Canada/Culture/ Healing/Justice/Aboriginal women/ Offenders/Prevention/women/Youth

Abstract: Reports on innovations in the administration of justice, social reintegration of offenders, and administration of justice alternatives, and in the recovery of damaged communities. This publication provides descriptions of programs, assessment of their impact, and advocacy for further change.


Keywords: Aboriginal Peoples/ Aboriginal Women/Adequate Human Services and Social Safety Net/Basic Physical Needs/Canada/ Diabetes/ Health/Life-Sustaining Values, Morals and Ethics/Manitoba/Poverty/ Racism/Safety and Security/Suicide/ Trauma

Abstract: In this study, a series of focus groups were conducted to gain an understanding of the nature of stress among Canadian Aboriginal women and men living with diabetes. Specifically, attention was given to the meanings Aboriginal people with diabetes attach to their lived experiences of stress, and the major sources or causes of stress in their lives. The key common themes identified are concerned not only with health-related issues (i.e. physical stress of managing diabetes, psychological stress of managing diabetes, fears about the future, suffering the complications of diabetes, and financial aspects of living with diabetes), but also with marginal economic conditions (e.g. poverty, unemployment); trauma and violence (e.g. abuse, murder, suicide, missing children, bereavement); and cultural, historical, and political aspects linked to the identity of being Aboriginal (e.g. ‘deep-rooted racism’, identity problems). These themes are, in fact, acknowledged not as mutually exclusive, but as intertwined. Furthermore, the findings suggest that it is important to give attention to diversity in the Aboriginal population. Specifically, Métis-specific stressors, as well as female-specific stressors were identified. An understanding of stress experienced by Aboriginal women and men with diabetes has important implications for policy and programme planning to help eliminate or reduce at-risk stress factors, prevent stress-related illnesses, and enhance their health and life quality.

Abstract: The aims of the study were to examine substance abuse and physical and mental health in an urban Aboriginal population. Data was collected through structured interviews (n = 202) with Aboriginals in the greater Montreal area. The majority were single, unemployed, and lived in the urban area for a long time (mean of 9.96 ± 7.6 years). One third reported having a current substance abuse problem. Results indicated high levels of psychological distress augmented by substance abuse. Substance abusers were also more likely to have been the victims of abuse. Ethnographic interviews with urban Aboriginals and community workers were also conducted (n = 30). One third were victims of abuse and six reported having a current substance abuse problem. Psychological and biological understructures were used in defining addiction and explaining substance use among Aboriginal people. Cultural traditions were viewed as integral components of substance abuse treatment and the need for outpatient treatment facilities and aftercare programs were indicated (Author Abstract).


Keywords: Aboriginal Peoples/ Canada/Culture/Empowerment/Healing/Health/History/Suicide/Youth

Abstract: Objective: To identify issues and concepts to guide the development of culturally appropriate mental health promotion strategies with Aboriginal populations and communities in Canada. Methods: We review recent literature examining the links between the history of colonialism and government interventions (including the residential school system, out-adoption, and centralized bureaucratic control) and the mental health of Canadian Aboriginal peoples. Results: There are high rates of social problems, demoralization, depression, substance abuse, suicide and other mental health problems in many, though not all, Aboriginal communities. Although direct causal links are difficult to demonstrate with quantitative methods, there is clear and compelling evidence that the long history of cultural oppression and marginalization has contributed to the high levels of mental health problems found in many communities. There is evidence that strengthening ethno-cultural identity, community integration and political empowerment can contribute to improving mental health in this population. Conclusions: The social origins of mental health problems in Aboriginal communities demand social and

Abstract: Many Aboriginal peoples are widely exposed to stress in their lives. This exposure to stress appears linked not only to their contemporary and immediate life circumstances (e.g., marginal economic and at-risk living conditions) but also to their historical, cultural, and political contexts. Recently, diabetes has become prevalent in many Aboriginal communities worldwide. The purpose of the present study was to gain a better understanding of the ways in which Aboriginal peoples with diabetes cope with stress. The study used a series of focus groups among First Nations and Métis women and men with diabetes in Winnipeg, Manitoba, Canada. Based on our cross-thermatic analyses of the data, three overarching themes were identified: (1) individual and collective strengths of Aboriginal peoples with diabetes must be recognized and utilized to facilitate healing from or coping with the experience of stress and trauma; (2) healing must be accomplished holistically by maintaining balance or harmony among mind, body, and spirit; and (3) effective ways of coping with stress and healing from trauma potentially promote positive transformations for Aboriginal peoples and communities at both individual and collective levels. Also, sub-themes of stress-coping and healing that underlie and further describe the above three overarching themes emerged from the data. These include: (a) interdependence/connectedness, (b) spirituality/transcendence, (c) enculturation/facilitation of Aboriginal cultural identity, (d) self-control/self-determination/self-expression, and (e) the role of holistic coping with stress and healing from trauma. Accordingly, our deeper analyses resulted in the development of an emergent model of stress-coping and healing among Aboriginal peoples with diabetes, which is presented as a dynamic system in which the three overarching themes are embedded in the five specific themes of coping/healing. This evidence-based emergent model appears to provide some important insights into health policy and program planning for Aboriginal peoples with diabetes and their communities (Journal Abstract).


Keywords: Aboriginal Peoples/ Canada/Health/Montreal
political solutions. Research on variations in the prevalence of mental health disorders across communities may provide important information about community-level variables to supplement literature that focuses primarily on individual-level factors. Mental health promotion that emphasizes youth and community empowerment is likely to have broad effects on mental health and well-being in Aboriginal communities (Journal Abstract).


Abstract: This paper reviews some recent research on the mental health of the First Nations, Inuit, and Métis of Canada. We summarize evidence for the social origins of mental health problems and illustrate the ongoing responses of individuals and communities to the legacy of colonization. Cultural discontinuity and oppression have been linked to high rates of depression, alcoholism, suicide, and violence in many communities, with the greatest impact on youth. Despite these challenges, many communities have done well, and research is needed to identify the factors that promote wellness. Cultural psychiatry can contribute to rethinking mental health services and health promotion for indigenous populations and communities. This paper does provide statistical information on Aboriginal women and their mental health needs and concerns.


Abstract: This resource discusses concepts of mental health and illness in the Inuit of Nunavik (Northern Quebec). While it does not focus specifically on women’s concepts, it provides a general perspective that was culled from ethnographic interviews, participant observation and a questionnaire survey. The aim of the report is to document Inuit knowledge and practices in order to inform mental health workers and planners working in Nunavik on the range of difference perspectives and identified needs. The major findings of the study indicate that there is no general terms for mental health or illness in Inuktitut; the most prevalent mental health problems were alcohol and drug abuse, family violence and abuse, and suicidal behaviour; most people were not very familiar with mental health problems; suicide came as a complete surprise to many in the study; and the Inuit recognize four board types of causes of mental health: (1) physical and environmental; (2) psychological or emotional; (3) demon or spirit possession; and (4) culture change and social disadvantage.


Keywords: Aboriginal Peoples/ Aboriginal Women/ Canada/ Community Solidarity and Social Support/Cultural Integrity and Identity/ First Nations/Health/Life-Sustaining Values, Morals,and Ethics/Strong Families and Healthy Child Development/Suicide/Youth

Abstract: This paper reviews some recent research on the mental health of the First Nations, Inuit, and Métis of Canada. We summarize evidence for the social origins of mental health problems and illustrate the ongoing responses of individuals and communities to the legacy of colonization. Cultural discontinuity and oppression have been linked to high rates of depression, alcoholism, suicide, and violence in many communities, with the greatest impact on youth. Despite these challenges, many communities have done well, and research is needed to identify the factors that promote wellness. Cultural psychiatry can contribute to rethinking mental health services and health promotion for indigenous populations and communities. This paper does provide statistical information on Aboriginal women and their mental health needs and concerns.
Abstract: Objective: To identify issues and concepts to guide the development of culturally appropriate mental health promotion strategies with Aboriginal populations and communities in Canada. Methods: We review recent literature examining the links between the history of colonialism and government interventions (including the residential school system, out-adoption, and centralized bureaucratic control) and the mental health of Canadian Aboriginal peoples. Results: There are high rates of social problems, demoralization, depression, substance abuse, suicide and other mental health problems in many, though not all, Aboriginal communities. Although direct causal links are difficult to demonstrate with quantitative methods, there is clear and compelling evidence that the long history of cultural oppression and marginalization has contributed to the high levels of mental health problems found in many communities. There is evidence that strengthening ethno-cultural identity, community integration and political empowerment can contribute to improving mental health in this population. Conclusions: The social origins of mental health problems in Aboriginal communities demand social and political solutions. Research on variations in the prevalence of mental health disorders across communities may provide important information about community-level variables to supplement literature that focuses primarily on individual-level factors. Mental health promotion that emphasizes youth and community empowerment is likely to have broad effects on mental health and well-being in Aboriginal communities (Journal Abstract).


Keywords: Aboriginal Peoples/Canada/Health/Prevention/Research/Suicide/Work

Abstract: This report was prepared at the request of the Royal Commission on Aboriginal People. The mandate given to the authors was to review the scientific literature in order to identify emerging trends in research on mental health among Native peoples in Canada. In this report the author does not directly address the issue of suicide as this was the topic of an earlier report for the Royal Commission. The authors do review some of the work on alcohol and substance abuse because, while these are the topic of other reports to the Commission. They are closely related to mental health and the authors wanted to ensure that there was a counter to the fragmentation of research and care that seems to plague Native mental health. As requested by the Royal Commission on Aboriginal Peoples, the aim in the report is to review the scientific literature on the mental health problems of Canadian Aboriginal peoples to identify emerging trends in research themes and methods. The topics to be covered include the following: (1) an overview of epidemiological data on Aboriginal mental health in Canada; (2) a critical review of existing literature on the topic of prevention and treatment among Aboriginal peoples in Canada; (3) a comprehensive discussion of emerging trends in this field; (4) guidelines for future research. This report is organized in accordance with these themes. The authors endeavoured to include specific material on women, status and non-status Indian, Inuit and Métis peoples (Adapted from the Preface and Introduction).


Keywords: Children/First Nations/First Nations Communities/History/Manitoba/Pregnancy

Abstract: A cross-sectional survey was conducted in one First Nation Community in Manitoba to determine the prevalence of Fetal Alcohol Syndrome (FAS) among 178 school-aged children (ages 5 years to 15 years). The study consisted of four parts: a maternal interview, where mothers were questioned about family dynamics, pregnancy and family histories, as well as alcohol use during pregnancy using the TWEAK screening questionnaire; review of the child’s birth records, to confirm alcohol exposures reported by the mother; Dysmorphology assessment by a clinical geneticist; and psychoeducational testing by a trained retired teacher. The geneticist and teacher were blind to the alcohol exposure status of each child at the time of assessment. The dysmorphology parameters which differ significantly between the alcohol-exposed and unexposed groups are: decreased height, weight, head circumference and palpebral fissure lengths, and midface hypoplasia. Growth parameter data of the “Normal” category of school-aged children were used to generate standard Native growth curves for school-aged children from this community. These curves were compared to the preexisting curves in the literature, primarily derived using Caucasian data, and showed significant differences between the two populations. With respect to postnatal growth, Native children from this community tend to be heavier, taller, have
larger head circumferences, longer fingers, and more widely spaced eyes than their Caucasian counterparts. Comparison of the FAS and Partial FAS children with the Native curves increased the number of children that would be considered “classic” FAS cases, as opposed to comparisons against Caucasian standards (Author Abstract).


Keywords: Canada/Status of Women/ Substance Abuse/Pregnancy/Policy and Women


Keywords: Adequate Human Services and Social Safety Net/Culture/ Depression/ Health

Abstract: Objective: To record (through interviews) and explore the views and experiences of depression by Chipewyan and white northern women as related from their perspective; to analyze how these experiences may be constructed and viewed differently by women of the two different cultures; and, to analyze similarities and differences in how depression is viewed, between the women and Native and white mental health practitioners. Summary: Lynne MacLean interviewed women and mental health workers about depression and how to overcome it. All interviews were confidential. She wants to know whether the experience and effects of depression are different between Chipewyan and white women. She also asked mental health workers about the sort of difficulties they experience when dealing with depression in Native (versus non-Native) women (Au).


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Basic Physical Needs/ Health/Health Care

Abstract: This does not focus primarily on Aboriginal women however it does mention that the Aboriginal women in the study sample tended to have higher rates of depression than the non-Aboriginal sample utilized in the study.
Abstract: Counselor education for working with Aboriginal women must address both culture and gender issues and this may be done by applying feminist theory within a multicultural counselling perspective. This paper explores these perspectives, their application to these women, and specific counselor education considerations. Issues particular to Aboriginal women are discussed in addition to factors for integrating feminism and multicultural counselling within this context, particularly traditional healing. Once counselors have an increased awareness of these factors, they may become more effective cross-cultural and feminist counselors for Aboriginal women.


Available Online: http://www.acewh.dal.ca/eng/reports/Wien%20Finalreport.pdf

Keywords: Aboriginal Women/Critical Learning Opportunities/Culture/ Education/ Gender/ Healing

Abstract: Provides a summary of research findings. Explores the underlying stress experiences of young Mi’kmaq women living on reserves, and seeks to develop policy and program interventions (CWHN Abstract).


Available Online: http://www.niichro.com/Tobacco%202002/tob02_7.html

Keywords: Aboriginal Women/Inuit Women/ Pregnancy/Tabacco

Abstract: Tobacco misuse is an epidemic amongst Aboriginal people. The rates are even higher for women. The Heart and Stroke Foundation has reported that 60 per cent of Aboriginal women aged 15 or older are regular smokers. In the Northwest Territories, up to 80 per cent of Inuit women are smokers, compared to fewer than 40 per cent of non-Inuit women. Aboriginal women have been found to be more than twice as likely as non-Aboriginal women to smoke during their pregnancies. Findings have shown that 53 percent of Aboriginal mothers smoked while pregnant compared to just 26 per cent of non-Aboriginal mothers.


Available Online: http://www.acewh.dal.ca/eng/reports/Wien%20Finalreport.pdf

Keywords: Health/Youth

Abstract: Provides a summary of research findings. Explores the underlying stress experiences of young Mi’kmaq female youth with an eye to policy and program intervention. Stress experiences include the realms of physical, mental, emotional and spiritual health stressors confronted by Mi’kmaq female youth. The stress experienced by female youth was compared with that experienced by Mi’kmaq male youth on reserve as well as the views of youth-serving professionals working on reserve.


Available Online: http://www.acewh.dal.ca/eng/reports/Wien%20Finalreport.pdf

Keywords: First Nations/Gender/ Health/ Women’s Health/Work/Youth

Abstract: In 1997 the Mi’kmaq Health Research Group, made up of health coordinators of three First Nations organizations and academics from Dalhousie University, conducted the Mi’kmaq Health Survey. The single most arresting finding of this study was the stress experience of young females living on reserve. Thirty per cent of Mi’kmaq female youth compared to seven per cent of Mi’kmaq male youth said they were “quite a bit or extremely stressed.” Feeling “sad or depressed for two weeks or more” was selected by 47% of the female youth compared to 21% of male youth. And male Mi’kmaq youth were much more likely to report “I like the way I am” (84%) than were female youth (57%). The findings of the Health Survey, our first research undertaking, led to our study of adolescent Mi’kmaq women (12 to 18 years old). An Exploration of the Stress Experience of Mi’kmaq On-reserve Female Youth in Nova Scotia (2001) examines physical stressors (e.g., being overweight), mental stressors (e.g., depression, self-esteem, and emotional health) and stressors related to social relationships. The overall goal of this study was to identify policy and programs that might be effective in reducing the negative stress of young Mi’kmaq women.


Keywords: Diabetes/Education/ Empowerment/
Abstract: Providing health care services to Native women has become a challenge owing to the severity of illness -- in particular, diabetes, alcoholism, and arthritis -- in this group today. If comprehensive health care is to be offered, coordination of services between health and mental health practitioners is needed. Gathering together to support each other has been a traditional custom for Native women. An integrated health care model is discussed that offers Native women an opportunity to deal with the challenge of mental health and health issues through traditional activities, enhancing their physical and spiritual health and receiving education while creating an atmosphere of empowerment and mutual support (Journal Abstract).

Keywords: Aboriginal Women/ Canada/Health/ Prevalence/weights

Abstract: Aboriginal women’s sobriety is not an entity unto itself; it involves their families and communities. As caretakers of their culture, Aboriginal women have the greatest influence in promoting activities which can avoid or reduce the risk of substance use or abuse. Moreover, Aboriginal women have a significant role to play in the co-design of prevention programs. Yet, in most consultations for programming directives, Aboriginal women are a forgotten minority. Thus, the purpose of this report is to provide a forum in which Aboriginal women identify methods for preventing alcohol and substance abuse, and to develop a conceptual prototype which would assist in the prevention of alcohol abuse among Aboriginal women and their families.

Keywords: Aboriginal Women/ Culture/ Prevention/women


Keywords: Aboriginal Women/ Canada/Health/ Prevention/Smoking Cessation/Women’s Health

Abstract: This study explores how five British Columbia First Nations women: Moving Beyond Suicidal Ideation and Intention. Canadian Journal of Community Mental Health 16(2), 69. 1-17-2005.

Keywords: Adequate Power/British Columbia/ Culture/Empowerment/First Nations/Healing/ Life-Sustaining Values, Morals and Ethics/ Prevention/Suicide/Youth

Abstract: This report represents the proceedings of a conference on developing partnerships for research on mental health and illness in Native communities and also to discuss and improve the understanding of issues related to mental health and social services. A great deal of the report focuses on factors that contribute to Aboriginal women’s mental health problems.

Keywords: Adequate Income and Sustainable Economies/ Basic Physical Needs/Health/Social Justice and Equity

Abstract: Widening the Circle: Collaborative Research for Mental Health Promotion in Native Communities. Montreal, QC, Institute of Community & Family Psychiatry, Sir Mortimer B. Davis - Jewish General Hospital and Division of Social & Transcultural Psychiatry, Department of Psychiatry, McGill University. 2005.


Abstract: Contains all the tools needed to create a thirteen-week program, including traditional teachings about the use of tobacco. Power, control and Aboriginal experiences are highlighted (CWHN Abstract).

Keywords: Aboriginal Women/Critical Learning Opportunities/Cultural Integrity and Identity/ Smoking Cessation/Strong Families and Healthy Child Development


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Abstract: Contains all the tools needed to create a thirteen-week program, including traditional teachings about the use of tobacco. Power, control and Aboriginal experiences are highlighted (CWHN Abstract).

Keywords: Aboriginal Women/Critical Learning Opportunities/Cultural Integrity and Identity/ Smoking Cessation/Strong Families and Healthy Child Development

Abstract: This study explores how five British Columbia First Nations women moved through suicidal ideation and intention in their youth. Much of their healing process was facilitated by a reconnection to their cultural identity and traditional Native spirituality. Phenomenological research methods were used to guide the interview process, analysis, and the interpretation of unstructured interviews. Each transcribed interview was analyzed for themes, and developed into a narrative. Several procedures were used to examine the validity of the analysis and interpretation, including participant review of the findings. Three of the 12 themes that emerged suggest common experiences surrounding suicide attempts or
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: Alcohol and other drug use is a serious problem among American Indian and Alaska Native women. The data show that most of these women have experienced various forms of abuse and neglect from childhood into adulthood and have been exposed to alcohol and other drugs from an early point in their lives. Most of these women have made multiple attempts to recover from their addictions, often for the sake of their children. The information derived from this study can be used as the foundation for further research about the treatment needs of American Indian and Alaska Native women (Journal Abstract).


Abstract: The main purpose of this paper is to highlight results concerning the non-traditional use of tobacco among Aboriginal peoples living in Canada is a serious and growing health concern, thus tobacco misuse is an appropriate target for health promotion and disease prevention efforts. The report includes a number of cessation programs, many of which are aimed at women.


Abstract: The author discusses a four-day healing workshop “From Legacy to Choice” which was held on the Squamish Reserve in North Vancouver in 1997. The Workshop was led by author and internationally known grief expert, Jane Middleton-Moz. The workshop was meant to guide people through difficult and personal issues arising from intergenerational trauma. This is when tragedies such as war, oppression, poverty, racism, alcoholism, deaths of parents or siblings, sexual, emotional and physical abuse are not grieved by individuals, families and communities, and the unresolved grief is carried into the next generation. Using a very interactive and personal approach, Middleton-Moz helps people understand the effects of trauma that they, their parents or grandparents experienced and helps them to validate those experiences. As part of this process, many people often begin to feel painful emotions they have blocked out for a long time. Others are able to find logical

ideation. These experiences suggest that the impact of separation from family, community, and culture was significant for each of these women. Nine of the 12 major themes describe a variety of healing experiences for these five women, involving Elders or other role models, professional counselors, family, and community. As a consequence of their healing experiences, all participants reported an increased sense of personal empowerment, a positive view of themselves, and a commitment to a positive future for themselves and other First Nations people. The significance of cultural connections and Native spirituality may have important implications for the intervention and prevention of suicide in First Nations youth (Journal Abstract).


Keywords: First Nations/First Nations Women/ women

Abstract: Residential group therapy treatment for alcoholism was studied looking at clientele characteristics of eighty clients. Combined methodology both qualitative and quantitative was used. Forty-four per cent of the clients were First Nations. Self-administered self-esteem results for 47 participants were analyzed showing an increase in self-esteem. A second measure, Hudson’s Index of Self-Esteem, was given to a women’s group and a statistically significant improvement in self-esteem was noted. Three interviews were recorded, two with First Nations women and one with a couple some thirteen years after treatment. It was learned that 200 others followed from the reserve to seek treatment. As well as analyzing improvement in self-esteem, this study asked whether group therapy was helpful for the clients. Therapeutic experiences proposed by Yalom were observed during group therapy. Group therapy also appeared to be an effective way for First Nations people and others to know and appreciate one another.


Keywords: Health/Health Care

Abstract: Alcohol and other drug use is a serious problem among American Indian and Alaska Native women. However, information about their needs for treatment is lacking. In response, a study was conducted to document the life experiences and perceived recovery needs of American Indian and Alaska Native women at nine treatment centers nationwide. The data show that most of these women have experienced various forms of abuse and neglect from childhood into adulthood and have been exposed to alcohol and other drugs from an early point in their lives. Most of these women have made multiple attempts to recover from their addictions, often for the sake of their children. The information derived from this study can be used as the foundation for further research about the treatment needs of American Indian and Alaska Native women (Journal Abstract).
explanations for the turbulent emotions that have ruled their lives.


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Basic Physical Needs/ Healing/Health/Suicide

Abstract: Suicide among Aboriginal people in Canada is a serious and tragic problem that needs to be addressed by all concerned Canadians, not just a relatively small number of specialists in mental health. Those of us in the caring professions come in contact regularly with people at high risk for suicide. This professional contact provides an opportunity to relieve compassionately not only physical suffering but also states of mental anguish that can lead a despairing person to commit suicide. Aboriginal women are a high-risk group for suicide, especially when addictions are also present. This paper suggests healing approaches in a hitherto neglected area of study—the health of Aboriginal women (CWHN Abstract).


Available Online: http://www.swc-cfc.gc.ca/pubs/0662286146/200008_0662286146_e.pdf

Keywords: Adequate Power/ Substance Addictions/Work

Abstract: This research report examines how policy in Canada deals with the issue of substance use during pregnancy and suggests alternative ways of addressing this problem that may prove less polarizing and punitive toward women. Examines how policy in Canada deals with the issue of substance use during pregnancy and suggests alternative ways of addressing this problem that may prove less polarizing and punitive toward women. One focus of this project has been to analyze the Supreme Court of Canada case of Ms. G. (October 31, 1997), in which a judge ordered mandatory drug treatment for a young, low-income Aboriginal woman who was addicted to sniffing solvents: both the Majority and Minority judgments and the media coverage of the case were examined through a discourse analysis. Another important component of the project has been to uncover the experiences of substance use, pregnant women and the practitioners who work closely with them, and to hear their ideas about approaches that make a positive difference. A final and important component has been an in-depth case study, carried out in one Aboriginal community.

determine approaches that have a chance for success in that community. The project has also aimed to address the challenge of integrating diversity into policy research, development and analysis. Our project resulted in a number of important directions for policy and practice, and our report concludes by providing a set of recommendations grounded in the experiences of the people directly affected by the issues, which, we submit, will help ensure the proposed directions’ relevance and ultimate success (CWHN Abstract).


Keywords: Aboriginal Women/Critical Learning Opportunities/Health/HIV/ AIDS/Life-Sustaining Values, Morals and Ethics/Women’s Health

Abstract: This exploratory study involved listening, observing, analyzing, documenting, and better understanding “things as they are” for four street-involved, HIV-positive Aboriginal women from Downtown Eastside Vancouver. The thesis highlights the circumstances that contribute to the women’s vulnerability, not just to HIV/AIDS, but to a number of constraining social factors that affect their overall health, safety, and quality of life. The narrative nature of the four women’s stories is used to gain a greater understanding of Aboriginal women’s health issues. Historical issues, along with social, cultural, economic, and physical factors that impinge on the health of Aboriginal women are enhanced when combined with the four stories of the study group.


Available Online: http://tinyurl.com/5fxv4

Keywords: Education/Health/Smoking Cessation/women

Abstract: A high rate of cigarette smoking is documented among the American Indian population in California, but data on Indian women smokers have not been widely studied. This paper reports on a survey conducted in a smoking cessation project implemented and evaluated as part of a National Cancer Institute (NCI) cooperative agreement. Characteristics of Indian women smokers are presented and cessation status is examined. The overall goal of the project was to increase long-term smoking cessation among American Indian populations through a reproducible clinic-based smoking
cessation program. To ascertain smoking prevalence and tobacco use patterns, a self-administered survey was completed by 1,369 adult male and female American Indian health clinic users in Northern California. Study results reported several important characteristics of Indian women smokers. Single and divorced participants had a higher smoking rate (40.4% and 42%) than married participants (34.4%); 54.5% of unemployed women smoked; and level of education was strongly associated with smoking status (p=0.11). Almost 80% (79.9%) of women former smokers quit using the “cold turkey” method. Fewer than 50% of Indian women smokers reported willingness to quit at the following smoking cessation stages: “immediately” or “ready” (12.4%), “in one month” (10.5%), and “in six months” (25.2%).

This points to a need for effective tobacco cessation interventions for American Indians, which will take into consideration Indian women smokers’ demographic characteristics, lenient attitudes toward smoking, and smoking behaviors (Journal Abstract).


Keywords: Adequate Human Services and Social Safety Net/Cultural Integrity and Identity/Culture/Health/ Health Care/ Trauma

Abstract: Historical trauma is a significant fact in the Native American community, a fact affecting both health status and social milieu. Mental health nurses and other persons working in the mental health professions will be confronted over and over with historical trauma when working with Native American peoples and communities. To heal historical trauma, culturally appropriate strategies derived from the ancient knowledge, philosophy, and world view of Native America are needed. One tool mental health care providers can use when encountering historical trauma is the Conceptual Framework of Nursing in the Native American Culture.


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Gender Sensitive Treatment/Health/Manitoba/ Prevention/Strong Families and Healthy Child Development/Substance Addictions

Abstract: Describes service needs of pregnant women who are substance users. The author suggests a gender-sensitive model for treatment and extending treatment to women who present while intoxicated. This study examines and describes the service needs and experiences of pregnant women in Manitoba who have problems with substance misuse. The introduction reviews background to the study project, the work of the project committees, and the study methodology, which included interviews with women receiving services and with service providers. Part 2 reviews the range of programs and services available to pregnant women with substance misuse problems, including prevention programs, secondary prevention and early intervention programs, and detoxification and treatment programs. Part 3 profiles the interviewed women (including their socioeconomic status and problems with substance misuse) and their experiences of pregnancy. It also discusses reasons why the women enter addiction treatment, the barriers to accessing treatment, the treatment experience, and reasons for leaving treatment, the challenges to maintaining recovery, and experiences of Aboriginal women in treatment.

The end of part 3 includes participants’ recommendations for improvements in the treatment process. Part 4 summarizes overall conclusions and the appendix includes a list of recommendations for reform which are also made throughout the report. The appendix also contains a copy of the service provider questionnaire.


Keywords: Canada/Culture/ Research/Suicide

Abstract: Depression and suicide rates are prevalent amongst Native people living on reservations in North America. The literature indicates that the emotional difficulty termed “depression” is common among Native people (O’Nell, 1993). However, Western understandings of the term “depression” may not always be applicable in Native contexts. Studies indicate that in some Native communities the particular impact of social circumstances on mood is related to Native peoples’ experiences of depressive illness. It is important to understand the meanings Native people give to the term “depression,” their experience of it, and the sources they ascribe to it, both social and individual. It was the purpose of this study to assess from the Native participants’ understanding, whether depression and suicide does affect those living on a reserve in northwestern Ontario. This study’s aim was to explore whether both depression and suicide, as the terms are understood in Western culture, are a problem for these Native peoples. Also, it was the aim to understand what the illness experience of depression and suicide means for these Native people, both at the social level, the contextual level and the personal one. It was intended that from this research, knowledge would be gleaned about
what these Native peoples’ explanatory models were regarding the sources of low mood and suicide. This exploratory narrative investigation revealed the participants’ themes or meanings that they gave to their illness experience. These themes spoke to psychosocial sources to which these Native individuals attributed their experiences of psychological distress. In their understanding, both female and male participants experienced episodes of depressive mood and certain symptoms. Participants also had experienced suicidal thoughts and intentions. Importantly, participants sourced their mood difficulties to social causes and not to their own biologically based predispositions or diseases as posited by Western medicalized perspectives as sources for mood problems. Rather, the occurrences of psychosocial stressors that began in early life and continued into adulthood were described as major contributors to the illness experience of mood difficulties by participants in this study (Author Abstract).


Keywords: Healing/Health/Native women/ Trauma/women/Women’s Health

Abstract: This commentary presents an “Indigenist” model of Native women’s health, a stress-coping paradigm that situates Native women’s health within the larger context of their status as a colonized people. The model is grounded in empirical evidence that traumas such as the “soul wound” of historical and contemporary discrimination among Native women influence health and mental health outcomes. The preliminary model also incorporates cultural resilience, including as moderators identity, enculturation, spiritual coping, and traditional healing practices. Current epidemiological data on Native women’s general health and mental health are reconsidered within the framework of this model (Journal Abstract).


Keywords: Prevention/Research/ Sexual Assault/ Trauma/women/Substance Misuse

Abstract: A survey of 68 American Indian women in New York City –aimed to inform community-based HIV prevention approaches –revealed that respondents indicated generally high levels of HIV knowledge and self-efficacy for safer behavior and low levels of perceived risk. Few had ever injected drugs, and 54% had been tested for HIV. However, 38% had used alcohol or other drugs in the last six months, and among the 59% who reported sexual activity in this period, 80% had had unprotected sex. Alarmingly, 44% reported lifetime trauma, including domestic violence (25%), and physical (27%) or sexual (27%) assault by a family member or stranger. Consistent with a postcolonial theoretical framework, trauma was a better predictor of HIV risk behavior than social cognitive variables. Moreover, preliminary logistic regression analyses indicated the use of alcohol or other drugs may mediate the relationship between non-partner sexual assault and sexual risk behaviors. Implications for future research and culturally relevant community-based interventions are considered.


Keywords: Aboriginal Peoples/ Canada/ First Nations/Inappropriate Use/Prescription Medication

Abstract: Objectives: Inappropriate prescription medication use can have significant consequences. Although it is suspected that Aboriginal populations within Canada have high rates of inappropriate use, published information is lacking. To better understand this issue, we studied an Aboriginal population seeking addiction treatment. Methods: We surveyed Aboriginal clients who accessed addiction treatment in Calgary, Alberta, for prescription medication use in the previous year, frequency of medication use, and medication source(s), if inappropriately used. Results: Sixty-nine per cent of the clients completed the survey (n = 144). Most respondents were aged 31 to 50 years (56%), and 52% were male. Of the respondents, 48% reported that they used prescription medication inappropriately, 8% indicated appropriate use, and the rest indicated no medication use. Sedatives or relaxants were most frequently used inappropriately. Among those who inappropriately used medication, 47% used medication more than 10 times in the previous year. Common sources for those who used medication inappropriately included medication given by a friend or a stranger (52%), medication bought on the street (45%), and medication prescribed by a physician (41%). Age greater than or equal to 30 years was associated with inappropriate use. Sex, residence, and Aboriginal status were not found to be associated with inappropriate use. Conclusion: Inappropriate prescription medication use was a significant problem among an Aboriginal population that sought addiction treatment, and many of these individuals accessed medication from a prescribing physician (Journal Abstract).
6. Sexual and Physical Violence against Women

This broad area encompasses the many different aspects of violence experienced by Aboriginal women including sexual violence, sexual childhood abuse (incest), sexual exploitation and prostitution. Understanding the sexuality and sexual health of Aboriginal women would also be a focus of this area. The sexual health of Aboriginal women also includes a review of research comprised of literature regarding sexually transmitted diseases, HIV/AIDS and prevention and protection against STDs. Aboriginal women face multiple forms of violence, including physical and sexual violence perpetrated not only by their own communities, but from mainstream Canadians and as a result of the systemic realities of living within Canada. The literature grouped under this section looks at a variety of issues from: (1) domestic violence; (2) childhood sexual abuse and sexual violence; to (3) Aboriginal sexuality and sexual education and prevention of sexually transmitted diseases; (4) HIV/AIDS and sexually transmitted diseases; and lastly (5) the utilization of violence by Aboriginal women.

Domestic Violence

Family violence has no boundaries and does not discriminate. The existence of family violence is evident and occurs across all ethnic, cultural, age, religious, social and economic lines. According to the literature at least three quarters of Aboriginal women in Canada have been the victims of family violence (Ontario Native Women’s Association, 1989; The National Clearing House on Family Violence, 1997). The Ontario Native Women’s Association found that 8 out of 10 Aboriginal women in Ontario (compared to the national statistics that report 1 out of 10 women are victims of spousal abuse) had personally experienced family violence. 87% had experienced physical injury and 57% had been sexually abused (Ontario Native Women’s Association, 1989). It is estimated that between 75% and 90% of women in some northern Aboriginal communities are abused. The same study found that 40% of children in northern communities had been physically abused by a family member (Dumont-Smith & Sioui-Labelle, 1991). A national study by the Aboriginal Nurses Association of Canada indicates that Aboriginal youth under 15 years of age are most frequently physically abused (Dumont-Smith, & Sioui-Labelle, 1991).

More facts to consider:

- Aboriginal women experience higher rates of spousal abuse
- Aboriginal children witness violence at a higher rate
- Aboriginal peoples experience higher rates of victimization
- Aboriginal victims experience more severe forms of violence
- Over the past 20 years, approximately 500 Aboriginal women have gone missing in communities across Canada (Native Women’s Association of Canada)

Dion Stout (1997) noted that for many Aboriginal children and youth, violence is a fact of life. Firsthand experiences with abuse, alcoholism and violence are so great that few children grow up unscathed as family violence spans many generations. LacRocque (1993) believes that violence against Aboriginal women and children has escalated dramatically and that it is one of two of the most important health problems facing Aboriginal peoples. Analysis of shelter intake data in Canada’s Northwest Territories by Reinke (1997) revealed that over 80% of shelter clients were Aboriginal and had experienced multiple forms of abuse by their partners. Police and professionals believe that there are still lots of cases of family violence and abuse which are not reported. And there is still little acknowledgement that some forms of violence and abuse are even happening, especially child neglect and elder abuse (Chambers, Little, Brockman, Abel and Catholique, 1993). Brownridge (2003) established that Aboriginal women in particular experience a significantly higher prevalence of violence by their partners in comparison to other non-Aboriginal Canadian women. Cohen and MacLean
(2004) note that exposure to violence as a child or an adult places a woman at a higher risk of poor health outcomes, both physically and psychologically. In that study Aboriginal women in Manitoba and Saskatchewan were found to suffer higher rates of violence than non-Aboriginal women. The Aboriginal Justice Inquiry Commission (2001) reviewed the AJI report on violence against women and noted that the concerns expressed by Aboriginal women about domestic violence have not always been adequately addressed by society, police, the courts and/or band governments and that Aboriginal male leaders have been reluctant to acknowledge or respond to the issue of family violence.

Mahajarine and D’Arcy’s (1999) study found that although all ethnic groups of women suffer abuse, pregnant Aboriginal women were at a greater risk of physical harm than non-Aboriginal women, especially if their partners had a drinking problem. Aboriginal women’s perspectives about domestic violence and their views of the justice system and ideas about offender disposition were exposed by McGillivray and Comaskey (1999). Frank (1997) argued that solutions to family violence issues in Aboriginal families must be made within the community and such solutions must arise out of holistic approaches that deal with all aspects of the spiritual, emotional, mental and physical needs of the individual, family and community. Aboriginal women have indicated that Aboriginal male perpetrators of family violence must be involved in the family violence prevention process, because men play an integral part in human development (Aboriginal Justice Implementation Commission, 2001). Violence experienced by other Aboriginal women in Canada was also conducted by the Canadian Panel on Violence against Women (1993), which identified various obstacles to ending domestic violence in Inuit communities such as poverty, lack of housing and education as well as employment, moving from traditional health care methods to non-Inuit health care methods, to alcohol and solvent abuse. Hopkins (1995) looked at men’s violence against women in the Yukon while Orozco (1991) researched domestic violence issues among the Inuit of Baffin Island in the Northwest Territories. Pauktuutit Inuit Women’s Association (1995) also looked at Inuit traditional knowledge and values regarding criminal behaviours which endanger Inuit women’s lives in remote communities. Most women, and especially Aboriginal women, who have been victims of sexual violence, rarely report their victimization because of society’s and the court’s hurtful response to victims and Canada’s laws on sexual violence (Roberts, 2005). Roberts described three main ways in which the criminal justice process has been hurtful to Aboriginal women who are sexually victimized: denial of victims’ experiences of abuse, blaming of victims for having been abused, and violation of victims’ privacy and autonomy.

Childhood Sexual Abuse and Sexual Violence

The Aboriginal Women’s Council of Saskatchewan (1989) conducted research on the pervasive problem of child sexual abuse in Aboriginal families, communities and reserves. Their understanding of child sexual abuse in Aboriginal communities indicates that this is a feature of both Aboriginal and non-Aboriginal societies. The power imbalance between Aboriginal women and men is what keeps Aboriginal women from reporting sexual abuse through silence, political power and fear. Surgar and Fox’s (1995) research into the experiences of federally sentenced women also revealed that many Aboriginal women serving time have been subject to childhood sexual abuse, violence and assault or rape. Barker-Collo (1999) documented the symptomatology and coping behaviours of Aboriginal and non-Aboriginal women who have been sexually abused in childhood. Baker-Collo’s study indicates that Aboriginal women have significantly higher levels of symptomatology than Caucasian women following sexual abuse. An investigation into the lived experience of childhood sexual abuse by six Aboriginal women was also conducted by McEvoy and Daniluck (1995). Six women’s stories on recovery from childhood sexual abuse was highlighted by Herbert and McCannell (1997), which findings point to the
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The importance of culture and gender in the Aboriginal women’s recovery. Kingsley and Mark’s (2000) attention was on the issue of commercially sexually exploited children and youth. Their research provides insight into youths’ perspectives on abuse and exploitation, prevention, crisis intervention, harm reduction, exiting and healing as well as public attitudes and the participation of youth in such studies as this one. The Law Commission of Canada (2000) carried out one of the largest studies into the issue of child abuse in Canadian institutions, including residential schools, in an attempt to analyze and understand the social and legal issues around institutional child abuse and to evaluate possible approaches to redress. Qualitative interviews done by Nixon, Tutty, Downe, Gorkoff and Ursell (2002) found that over half of the women (n=23) who participated in their study regarding prostitution had been involved in prostitution since they were 15 years old or younger. Many of these women point out that they experienced high rates of violence and that the sexual abuse against them occurred most often in the home by family members or by caretakers while they lived in foster care. Parsons’ (1999) thesis compared and contrasted legal protections extended to sexually abused non-Aboriginal children with those afforded to Aboriginal children in Canada. Parsons found inequity in the treatment of Aboriginal people and made recommendations around revisions to the rules of evidence with respect to procedures regarding child sexual abuse victims and to provide protection to women and children living in Aboriginal communities. The Inuit analysis of childhood sexual abuse can be found in research conducted by the Pauktuutit Inuit Women’s Association (2003), which documented the success of a program that emphasized healing and support for survivors of child sexual abuse in Inuit communities. The experience of sexual assault among Inuit females was also the focus of research done by Nahanee (1994). Kaski and Mahoney (1995) provide insight into family violence issues as well as child sexual abuse concerns among Native peoples in the Northwest Territories.

The experience of incest among women of color and Native American women was also explored by Tyagi (2001). An early resource on childhood sexual abuse was developed by Samson (1992), which offers information to First Nations adult survivors of childhood sexual abuse and what to do to help recover from the trauma of sexual abuse and where to get support. Despite the availability of resources such as that developed by Samson, other researchers (Tayler and Watters, 1994) have noted that there are far too few resources and services, including funding, to assist young Aboriginal people in dealing with the trauma from childhood sexual abuse regardless of whether they live at home or in alternative care arrangements.

The material in this area also looks at the sexual abuse of adult Aboriginal women. A Manitoba study by Young and Katz (1998) on the prevalence and extent of sexual abuse among Aboriginal women was examined. The prevalence of sexual abuse was higher among Aboriginal women and the findings indicate that Aboriginal women tended to be younger when they first had sexual intercourse, along with multiple partners and a history of sexually transmitted diseases. Other research that has looked at sexual violence and rape experienced by Aboriginal women was recently done by Bell (2005), while Amnesty International (2004) released a report on the factors that contributed to the heightened awareness of the risks of sexual violence and violence against indigenous women in urban environments. Lynn (2005) discusses prostitution and First Nations women in Canada and notes that prostitution is a particularly (obviously) violent legacy of colonization and that many Aboriginal women wanting to leave the profession have no access to programs to assist them to leave, which results in women remaining trapped in the prostitution trade. Neron (2000) addresses the connection between HIV and sexual violence among Aboriginal women and how health care workers and organizations can connect these issues in their work with Aboriginal women.
HIV/AIDS and Sexually Transmitted Diseases

The sexual violence the Aboriginal women experience as a result of exposures to childhood sexual abuse and racism also leaves them vulnerable to sexually transmitted diseases, including HIV/AIDS. A very small percentage of the literature looks at sexually transmitted diseases such as Chlamydia and gonorrhoea and other communicable diseases such as hepatitis A, B and C. But there is now a growing body of literature that is beginning to document the toll of HIV/AIDS on the female populations of indigenous communities in North America.

The literature dealing primarily with sexually transmitted diseases is fairly small. The earliest piece of literature that exists was that conducted by Jolly (1993) who looked at the number of women undergoing testing for sexually transmitted diseases in Manitoba. Jolly’s study revealed that among those tested for STDs were young Aboriginal people with Indian status who lived primarily in urban settings in low-income areas. The Aboriginal women in this study were also deemed to be at a higher risk of co-infection with both gonorrhoea and Chlamydia in comparison to the non-Aboriginal sample involved in the study. Orr, Sherman, Blanchard, Fast, Hammond and Brunham (1994) again looked at the incidence of Chlamydial infection in Manitoba and concluded that Chlamydial infection was highest among females aged 15-24 and that recurrent infections were more common in women and registered North American Indians. A follow-up study by Jolly, Orr, Hammond and Young (1995) also confirmed that a young age, Indian status and urban residence were factors associated with Chlamydial infection. Two years later, Young, McNicol and Beavais (1997) published the results of a study they conducted on the prevalence and correlates of human papillomavirus infection among women attending an ethnically mixed, predominantly low-income, inner-city primary care clinic. Human papillomavirus was detected in 33% of the participants in the study with no significant difference between Aboriginal and non-Aboriginal women.

Other research on STDs among the Inuit population was done by Pauktuutit Inuit Women’s Association (1999), which was more of an information paper on the cause and effect of STDs in the north. Another more recent paper published about STDs among the Inuit population was Steenbeek’s (2004) article on the need to develop strategies to increase self-esteem, self-advocacy and healthy choices among Aboriginal adolescents in the North in order to prevent sexually transmitted infections (STIs).

The balance of the material under this section deals specifically with the concern around the growing prevalence of HIV and AIDS transmission among Aboriginal women in North America. Mill (1997) notes that the Aboriginal female population appears to be overrepresented in the HIV/AIDS statistics. There is a dramatic increase in HIV and AIDS rates reported among Aboriginal peoples in Canada, particularly among Aboriginal women, despite underreporting and the small number of documented AIDS cases (Ship and Norton, 2001). While the prevalence of HIV/AIDS is relatively low among the Native American populations, Native women are at extreme risk for contracting the disease because of several risk factors such as poverty, alcoholism, drug use, violence and high rates of sexually transmitted infections and poor access to health care (Fernandez, 2003). A more comprehensive understanding of social factors and the environment around HIV risk behaviours is needed to understand why Aboriginal women migrate to urban centres, how and whether they connect with services upon arrival and how these patterns are influenced by victimization, substance abuse and reliance on income from the sex trade (McKeown, Reid, Turner and Orr, 2002). Risk factors such as poverty and injection drug use may increase the likelihood of Aboriginal women being exposed to HIV/AIDS (Craib, Spittal, Wood, Laliberte and Hogg, 2003). Survival techniques may place Aboriginal women in situations that increase exposure to HIV infection (Mill, 1997). In addition, the Aboriginal Nurses Association (1996) explored the attitudes, knowledge and risk behaviours among Aboriginal women with respect to HIV/
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Psychosocial and Cultural Issues

AIDS. Amaratunga and Gahagan (2005) focused on gender, social, political and economic factors that contribute to AIDS as well as the challenges of understanding the experience of those at greater risk of HIV (i.e., Aboriginal persons with drug use and alcohol addictions). Prenatal care for Aboriginal women with HIV/AIDS and the need to educate these women to reduce transmission of HIV from mothers to their babies was examined by Bucharski, Brockman, and Lambert (1999). More substantial effort is needed to educate Aboriginal women about the implications of participating in HIV/AIDS screening and studies, indicated Jones (2004), who examined the results of a three-year study on 5,242 pregnant Aboriginal women, of which 15 Aboriginal women (seven times more than expected in the general population) tested positive for HIV but were not notified because the study was conducted anonymously. The publication The Red Road: Pathways to Wholeness: An Aboriginal Strategy for HIV and AIDS in BC examines HIV/AIDS and Aboriginal peoples from a gendered perspective as well as the types of healing approaches being utilized in BC communities (BC Aboriginal HIV/AIDS Task Force, 1999).

Sexuality, Sex Education and Prevention against STDs

A small body of literature looks at Aboriginal sexuality, sexual education and strategies around the prevention of sexually transmitted diseases and infections. A study on condom use among Aboriginal men and women from 111 First Nations communities in Ontario, Canada was conducted by Calzavara, Burchelle, Myers, Bullock, Escobar, and Cockerill (1998). A more specific look at Aboriginal female condom use was published by Marsden and Newman (2001), which sought to introduce Aboriginal women to condom use, provide them with condoms and document their experiences using condoms. Their study revealed that the introduction of female-controlled prevention method in Aboriginal communities, through culturally appropriate ways, has significant potential to reduce the risk of women contracting STDs, including HIV/AIDS and unplanned pregnancies. The Aboriginal Nurses Association of Canada and Planned Parenthood Federation of Canada (2002) also produced one of the first source books on its kind on sexual reproductive health from an Aboriginal perspective and context and include up-to-date information, teaching resources, program models, and personal stories on sexual and reproductive health as defined by Aboriginal peoples. A similar American publication looking at reproductive health, sexuality, midwifery, pregnancy, barriers to women’s health care and approaches to address Native American women’s health needs was covered by Asetoyer, Cronk, and Hewakpage (2003). The attitudes of young Aboriginal people, including young Aboriginal women, about sex, sexuality and family matters, including contraceptive practices, were ascertained through a province-wide questionnaire, interviews with front line workers, parents and Elders and a youth focus group by the Ontario Federation of Indian Friendship Centres (2002). Aboriginal academics have argued that there is a need for more and better access to sex education for Aboriginal children, youth and adults (LaRocque, 1994; Aboriginal Nurses Association, 2002). Sex education is essential as a preventative measure against sexual abuse, sexually transmitted diseases and necessary in effective planning for parenthood. Aboriginal women are particularly susceptible to sexually transmitted diseases largely because of inequitable gender relations as has been noted by a number of scholars (Dion Stout, 1996; Aboriginal Nurses Association, 1996; Bruce, 2000; Mill, 1996, 1996, 2000).

Violence by Aboriginal Women

Research that addresses the violence perpetrated by Aboriginal women themselves simply does not exist although it can easily be abstracted from the volumes of material that address the overrepresentation of Aboriginal women in the criminal justice system (Jackson, 1999). In her article, The Violence We Women Do: A First Nations View, Patricia Monture-Okanee refers to the Canadian Human Rights Commission findings that it is more likely for a First Nations person growing up in this country to go to prison.
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than to university (1992). Murdock (2001) is the only other author to have directly addressed the issue of violence by women themselves and the need to direct our attention to women’s intimate violence from the standpoint of Aboriginal women who engage in violent behavior. Murdock (2002) explored the issue of women’s intimate violence by interviewing Aboriginal women for her Master’s thesis in order to understand how these women made sense of their own use of violence. Murdock states that much of Aboriginal women’s violence is blamed on the long history of oppression and victimization from trying to survive in a predominantly white society.

An annotated list of all the resources centering on the sexual and domestic violence is listed below.

Bibliography of Resources


Keywords: Family Violence/ Healing/ Native Women

Abstract: This publication looks at the abuse experienced by Aboriginal women and family violence issues in Ontario.


Available Online: www.aji-cwi.mb.ca

Keywords: Aboriginal Women/ Manitoba/ Social Justice and Equity

Abstract: The Aboriginal Justice Inquiry devoted a chapter to dealing with issues facing Aboriginal women and children. One of the most significant was the issue of domestic violence. This chapter of the AJIC report contains separate sections on the ways that society responds to violence against Aboriginal women and violence against children. It reviews policy developments since the AJI report and makes recommendations.


Keywords: Aboriginal Women/ Canada/ HIV/ AIDS/women

Abstract: In the context of a broad consultation with health care experts, various agencies and Aboriginal women, a study was undertaken in 1992 to assess the knowledge, attitudes and risk behaviors in relation to HIV/AIDS among Aboriginal women in Canada. Participants included 582 Aboriginal females. This report summarizes data collected in the study and provides information on demographics, sexual orientation, knowledge about AIDS, attitudes concerning AIDS, sexual lifestyles, safe sex practices, issues of violence, issues of alcohol and drug abuse, issues of sexually transmitted diseases, and implications for Aboriginal children. The report includes a number of recommendations centering on a need for community-based, comprehensive educational programs that address safe sex, sexuality, and sexual health.


Keywords: Aboriginal Peoples/ Canada/ Family Violence/ First Nations/ Health/ HIV/AIDS/ Men/ Menopause/ Pregnancy/ Reproductive Health/ Residential School Legacy/ Sexual Health/ Two-Spirited/ women

Abstract: Finding Our Way is the first comprehensive Canadian resource on sexual and reproductive health within an Aboriginal cultural context. This sourcebook includes up-to-date information, teaching resources, program models, and personal stories on sexual and reproductive health issues as defined by Aboriginal peoples.


Keywords: Aboriginal Women/ British Columbia/ Canada/ Children/ Gender/ Government/ Justice/ Social Justice and Equity/ Violence Against Women/ women

Abstract: This paper is intended as a comparative overview of five Aboriginal communities in British Columbia and the possible implications of initiating Restorative Justice Reforms in cases of violence against women and children in these communities. This document examines the ways in which Aboriginal women’s experience of colonization...
is mediated by gender and attempts to locate the effects of violence against women and children within this trajectory. As Aboriginal women it is our belief that our voices must be considered before any discussion of restorative justice and diversion of K files (files on violent offences against women and children) takes place. This paper looks at the conditions of women’s lives within their community, and provide a frame of reference and context should these reforms become more commonly used in cases of violence against women and children. Restorative justice as it is used for violent offenses should not be theoretical abstracted ideas that are formed in a vacuum by government officials, romanticized and removed from the context of our lives as Aboriginal people. These reforms can and do have a profound impact on women and children’s safety, particularly in communities that are geographically and socially isolated. This paper attempts to articulate our numerous concerns, taking both women’s voices and current theory around restorative justice into account.


Keywords: Aboriginal Women/First Nations/Sexual Abuse/women/Offenders/First Nations Communities/Men

Abstract: This article describes the pervasive problem of child sexual abuse in Aboriginal families, communities and reserves from the perspective of the Aboriginal Women’s Council. Anger is expressed not only at the offenders, but also at the system which “tends to punish people more for damaging property than it does for damaging a child’s life forever.” The intergenerational nature of sexual abuse and its damaging effects on people’s lives are explained. Denial of this social ill is a feature of both Aboriginal and non-Aboriginal society. The Aboriginal Women’s Council does not feel that alcohol is responsible for sexual abuse, saying that this implies that the offender is not responsible for his actions when, in fact, he is. The writers stipulate that cases of abuse must be reported in First Nations communities and offenders must be held accountable for their actions. The power imbalance between Aboriginal men and women is mentioned in this article. The Aboriginal Women’s Council notes that there are some communities where Aboriginal men are also taking responsibility, but the Aboriginal Women’s Council clearly points out that many Aboriginal women are still silenced through violence and lack of political power and fear (portions of overview and commentary taken from First Nations Self-Government of Social Services: An Annotated Bibliography, by Dr. Douglas Durst, 1996: 76).


Keywords: Aboriginal Women/Gender/Health/HIV/AIDS/Prevention/Sex Trade Workers/Social Justice and Equity/Women’s Health

Abstract: Focuses on contributing factors related to AIDS such as gender, social, political and economic factors. Discusses awareness of gender issues and differences with the disease, as well as challenges of understanding the experiences of those at greater risk of HIV (CWHN Abstract).


Available Online: http://www.amnesty.ca/stolensisters/amr2000304.pdf

Keywords: Aboriginal Women/Human Rights/Social Justice and Equity/Violence Against Women

Abstract: Looks at the factors that have contributed to a heightened risk of violence against indigenous women in Canadian cities, including the social and economic marginalization of Aboriginal women. Examines the role of discrimination in acts of violence carried out against indigenous women in Canadian towns and cities (CWHN Abstract).


Keywords: Native women/Violence/Identity

Abstract: Is there a special role for Native women? Author Kim Anderson, herself a Cree-Metis woman, asserts that Native womanhood “is not about simply playing certain roles, or adopting a preset identity; rather... it is an ongoing exercise” in finding the balance between one’s individuality, place in a family, the broader community and nation, and the spiritual world. Anderson explores how the Native female identity has been dismantled over the years through colonization, abuse and disrespect, both within and outside the Native community. Anderson explains how Native women are reclaiming their cultural traditions and creating positive images of themselves true to their heritage.

Abstract: This publication reports on innovations in the administration of justice, social reintegration of offenders, and administration of justice alternatives, and in the recovery of damaged communities. This publication provides descriptions of programs, assessment of their impact, and advocacy for further change involving: Indigenous Models for Community Reconstruction and Social Recovery; Social Policy and Canada’s Aboriginal People: The Need for Fundamental Reforms; Making the Criminal Law Your Own: The Tokelau Endeavour; Maori and Youth Justice in New Zealand; ‘Slay the Monsters’: Peacemaker Court and Violence Control Plans for the Navajo Nation; Mediation within Aboriginal Communities: Issues and Challenges; ‘The Strength of Community’: The Native Counselling Services of Alberta Story; ‘A Fitting Remedy’: Aboriginal Justice as a Community Healing Strategy; Addressing Aboriginal Crime and Victimization in Canada: Revitalizing Communities, Cultures and Traditions; ‘Body, Mind and Spirit’: Native Community Addictions, Treatment and Prevention.


Keywords: Aboriginal Peoples/ Adequate Power/Healing/Justice/Offenders/Canada/Youth/Culture/Prevention/Native women/women

Abstract: This book provides guidance in both western and indigenous health approaches to specifically address Native American women’s health needs. Topics covered range from traditional midwifery, pregnancy, the politics of reproductive health, contraception, domestic violence, barriers to indigenous women’s health care, health effects of environmental contamination, traditional herbs and remedies, Native American nutrition and weight loss, smoking, alcohol, drug abuse, and much more.


Keywords: Canadian Women/ Ethnic Groups/Sexual Abuse/Trauma

Abstract: As noted by the DSM-IV, "... the severity and pattern of response [to trauma] may be modulated by cultural differences" such as “culturally prescribed coping behaviors that are characteristic of particular cultures” (American Psychiatric Association, 1994, p. 430). As such, outcomes of sexual abuse (i.e., symptomatology) may differ between ethnic groups. This study examined symptomatology reported in survey data obtained from a clinical sample of 138 female survivors of childhood sexual abuse. Seventy-eight respondents were Caucasian, whereas 60 were of Native Canadian ancestry. Native Canadian women reported significantly higher levels of overall symptomatology than Caucasian women following sexual abuse. F(137, 1) = 5.57, p < .05. In addition, levels of symptoms reported on the Trauma Symptom Checklist--40 did not vary equally in Native Canadian and Caucasian samples. Native Canadian individuals reported significantly higher levels of somatic, sexual, and sleep-related symptoms than Caucasians. The clinical implications of these findings are examined (Journal Abstract).


Keywords: British Columbia/ Gender/Sexuality


Available Online: http://www.healthservices.gov.bc.ca/cpa/publications/red-road.pdf

Keywords: Aboriginal Peoples/ Basic Physical Needs/Gender/Healing/HIV/AIDS/meaningful Work and Service to Others

Abstract: Looks at HIV/AIDS and Aboriginal peoples from the perspective of gender as well as healing approaches in BC communities.


Keywords: Aboriginal Women/ Gender/History/Violence Against Women/women

Abstract: Three contentious issues are revisited: interracial rape, feminist theorizing around race and gender, and the problematics of cross-cultural collaboration. The modes of analysis of abuse of Aboriginal women as revealed in recent reports are examined and comparative case material from North America offered. With particular reference to the shifting bases of a relationship with Topsy Napurrula Nelson, a personal, partial, and hidden history of an...
The propensity to engage in social construct boundary maintenance is obscuring the fact that it is women who are being brutalized. With reference to the handling of violence against women by the courts and by “communities,” cross-cultural collaborations and enunciations of women’s law can empower women. Forging a sustainable vision of a meaningful future in the current crisis requires that the needs of women be addressed; that in pursuit of the politics of difference we not lose sight of questions of power; that the politics of law, the nation state, the academy, and Aboriginal liberation struggles that shape the “master narratives” are interrogated from within and from “elsewhere.”


Keywords: Sexual Assault/Aboriginal Women

Abstract: Unavailable


Keywords: Aboriginal Women/ Canadian Women/Justice/Violence Against Women

Abstract: Discussion covers: Aboriginal women’s action network [organization]; antiviolence movement; Fraser River journey for justice project [2000]; Native Canadian women; violence against women; women’s experience


Keywords: Culture/Empowerment/ History/ Native women/Racism/ Trauma

Abstract: The impact of traumatic historical events on the indigenous peoples of the Americas by European cultures has powerful implications for clinical interventions with Native peoples of today. The article introduces the general concept of “historical trauma” outlining the specific history of the Lakota/Dakota (Sioux) of the Northern plains as it relates to the theory of historical trauma and unresolved grief. Focus is on the importance of integrating the concept of historical trauma and traditional cultural perspectives into the therapeutic content of clinical interventions with Native American Indian women. The authors address issues of transference and counter-transference as well as what it means to become a culturally competent therapist. They caution against utilizing feminist theory without consideration of cultural and historical factors relevant to Indian women clients and discuss the effectiveness of psycho-educational groups that are semi-structured, based on an empowerment model of providing coping skills and other skills development for Native American Indian women (from the chapter).


Keywords: Aboriginal Women/ Adequate Power/Canada/Social Justice and Equity

Abstract: This study fills a gap in the extant literature through an empirical investigation of male partner violence against Aboriginal women in Canada. Using a large-scale representative sample of Canadian women, analyses show Aboriginal women to have a significantly higher prevalence of violence by their partner compared to non-Aboriginal women. Violence against Aboriginal women is more likely at all levels of severity, with the greatest disparity on the most severe forms of violence, and appears more likely to be ongoing. Risk markers generally operate in the same direction for Aboriginals and non-Aboriginals, although Aboriginal women possess greater representation on risk markers of violence, and the impact of risk markers is generally larger for Aboriginal women. Although established risk markers are helpful for understanding violence against Aboriginal women, differences between Aboriginals and non-Aboriginals on risk markers do not account for Aboriginal women’s significantly higher prevalence of violence. These results indirectly lend support to colonization theory (Journal Abstract).


Keywords: Aboriginal Women/First Nations/ Native women/Sexual Abuse/Sexual Violence/ women

Abstract: Aimed at Aboriginal women, this booklet discusses sexual assault and HIV infection.

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Abstract: HIV/AIDS is a growing concern in the Canadian Aboriginal community, especially for Aboriginal women. Recent data from British Columbia, Alberta and Saskatchewan show that Aboriginal people account for 15%, 26% and 43% of newly diagnosed HIV positive cases respectively. Aboriginal cases tend to be younger and more likely to be female, compared to non-Aboriginal cases.

Prevention programming, including HIV counselling and testing, are strategies presently used to increase HIV awareness. Aboriginal people and health care providers have frequently identified the need for culturally sensitive services. Little research has been done in Canada to define what is meant by “culturally appropriate”, relative to HIV prevention programming in this community. The purpose of this presentation is to discuss the significance of HIV prevention programming for Aboriginal women, based on the findings from a qualitative research study. A discussion of the research protocol, including the development of the Aboriginal Advisory Group, will follow. Initial findings and challenges conducting the research will be shared, followed by programming and policy implications in the area of HIV counselling and testing for Aboriginal women.


Keywords: Aboriginal Women/ Canada/ Research/women

Abstract: A qualitative study was conducted to determine Aboriginal women’s perspectives on “culturally appropriate” HIV counselling and testing. Data were collected through semi-structured individual interviews with seven Aboriginal women, and with six women in a focus group, in a western Canadian city. The data were analyzed utilizing thematic content analysis. Four major categories were explicated: Aboriginal women’s life experiences that may increase their risk for HIV infection; barriers to HIV counselling and testing for Aboriginal women; guiding principles of the ideal HIV testing situation; and characteristics of culturally appropriate HIV counselling and testing for Aboriginal women. The need for sensitivity to the hardships and life experiences Aboriginal women may have experienced was a pervasive theme in all of the categories. The study concludes with directions for further research and implications for HIV policy and programming for Aboriginal women.


Keywords: HIV/AIDS/Native Women

Abstract: Unavailable


Available Online: http://www.lss.bc.ca/legal_info/pubs_pdf/sec_s/speakingOfAbuse/Abuseaboriginal.pdf

Keywords: Aboriginal Women/ British Columbia/ Criminal Law Issues/Family Violence/Social Justice and Equity

Abstract: Provides help for any Aboriginal woman living in British Columbia who needs legal information about rights because she is being abused, assaulted, or harassed by her husband, boyfriend, or ex-partner. Explains what she can to do protect her safety, and what kind of help she can get from the police, courts, and people in her community (CWHN Abstract).


Keywords: Basic Physical Needs/ Canada/ Gender/HIV/AIDS/Prevention

Abstract: Summary: A survey of 658 Aboriginal men and women living in 11 reserve communities in Ontario, Canada, was utilized to collect data on patterns of condom use. Individuals who had sexual intercourse in the previous 12 months were included in the analysis (n =400). Descriptive statistics and multiple logistic regression were used to analyze condom use in the previous 12 months. Eight per cent always, 31% sometimes, and 61% never used condoms. Rates of condom use differed with the number of sex partners in the last year, age, gender, having a steady sex partner, and marital status. Multiple logistic regression revealed that people most likely to use condoms were under the age of 30, male, did not have a long-term steady sex partner, and had more than one sex partner, worried about pregnancy, were knowledgeable about HIV/AIDS, and were not embarrassed to obtain condoms. Condom users who were knowledgeable about HIV/AIDS and who knew someone with HIV/AIDS were more likely to always use condoms. The most common reason for not using a condom was ‘I was with
my steady sex partner'. These results have implications for STD prevention efforts and for future research of sexual and STD-preventive behaviour among Aboriginal people.


Available Online: http://www.cnaidaids.ca/web/repguide.nsf/24157c30539cee20852566360044448c/95834e088b26177085256c6a0005c6ec0/$FILE/Women's%20Recommendations%20.pdf

Keywords: Adequate Power/HIV/AIDS/Prevention/Women's Health

Abstract: Provides a summary of recommendations surrounding women and HIV/AIDS. Summaries are broken into four categories: Legal, Ethical and Public Policy Issues; Prevention; Support; Treatment (CWHN Abstract).


Keywords: Culture/Education/ Government/Health/Health Care/ Housing/Inuit Women/Juvenile Justice/ Poverty/Sexual Abuse/Status of Women/Suicide/Traditional Health/ Violence Against Women/women

Abstract: This report describes the problems of abuse against Inuit women, both in the past and currently, in their own words. It provides an historical analysis of the culture and the place of women, including arranged marriages and the value of women in the traditional society; arranged marriages and the status of women in the traditional society; the problems when the Europeans appeared. It describes the forms of abuse, including wife abuse, sexual assault, child sexual abuse, elder abuse, suicide, and abuse of trust by professionals and the social service and justice systems. Obstacles to change are identified, including housing, poverty, lack of education and employment, moving from traditional health care methods to health care supplied by white governments, and alcohol and solvent abuse. Methods of change include community initiatives, media education, and self-government.


Keywords: Gender/Health/Social Justice and Equity/Violence against Women

Abstract: The holistic, multidisciplinary approach used in this study embraces a social, ecological and cultural understanding of violence against women. The researchers stress that gender relations are understood and enacted in culturally specific ways, and that these understandings must inform analysis and policy strategies that are solution oriented. The researchers stress the need to integrate the physical, mental and social to develop the integration of mental health, substance abuse and social service programs.


Available Online: http://www.biomedcentral.com/1472-6874/4/S1/S22

Ref Type: Journal

Keywords: Aboriginal Women/ British Columbia/Canada/Canadian Women/Ethnicity/Health/ Health Care/Older Women/Prevention/Violence Against Women/women/ Women's Health/Women with Disabilities

Abstract: Exposure to violence as children or as adults places women at higher risk of poor health outcomes, both physical and psychological. Abused women use more health care services and have poorer social functioning than non-abused women. Knowledge of the prevalence of violence against women, and of which women are at risk, should assist in the planning of services for abuse prevention and treatment of the health consequences of abuse. Key Findings: The highest rates of any partner violence were in Alberta (25.5%) and British Columbia (23%). The lowest rates were in Ontario (18.8%). Women aged 15-24 had the highest rates in all regions in Canada, compared with older women. Aboriginal women in Manitoba/Saskatchewan and Alberta had higher rates of violence (57.2% and 56.6% respectively) than non-Aboriginal women (20.6%). Lower rates of partner-related violence were reported among women not born in Canada (18.4%) than among Canadian-born women (21.7%). Visible minority women reported lower rates of lifetime sexual sexual assault (5.7%) than non-visible minority women (12.3%). Perceptions of violence may vary by ethnicity. Data Gaps and Recommendations: More information is required concerning the prevalence of violence among Aboriginal women, immigrant and refugee women, women with disabilities, lesbian women and pregnant women. Future national population-based surveys need better questions on the health consequences of violence and related resource utilization. Further research is needed to identify the health care system’s role in prevention, management and rehabilitation as
they relate to violence against women. Future programs and policies must be based on valid, reliable and comprehensive empirical data (Journal Abstract).


Keywords: Education/Health/Youth

Abstract: This study attempts to address the need for culturally specific data on beliefs and behaviours around youth and sexual health in order to design and implement appropriate public health interventions. The goal of the health promotion booklet that followed the study is to give youth a tool that will promote healthy choices and give non-judgmental information about sexuality. In Nunavut, teen pregnancy and sexually transmitted infection rates exceed national averages and continue to have devastating health and social consequences -- particularly for Inuit girls and women. Using the data and a participatory approach, a culturally appropriate, bilingual booklet about sexual health is being developed for Nunavut youth.


Keywords: Culture/Gender/Social Justice and Equity

Abstract: This article considers how legal cultures construct different female subjectivities, using an Australian case study that documented the differential treatment of Aboriginal and non-Aboriginal complainants within sexual assault trials. In particular, the article analyses the cultural significance of the concepts of sex and race within the sexual assault trial by comparing and contrasting the analytic utility of the sexed bodies approach and the concept of gender for understanding different women’s experiences. It argues that neither of these approaches adequately describes the experiences of black and indigenous women and, instead, presents the concept of convergence for explaining the interactions of sex and race and revealing the unique vulnerabilities of black and indigenous women within legal cultures.


Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Health

Abstract: Background: Because of established links between entrenched poverty and risk of HIV infection, there have been long warnings that HIV/AIDS will disproportionately affect Aboriginal people in Canada. We compared HIV incidence rates among Aboriginal and non-Aboriginal injection drug users (IDUs) in Vancouver and studied factors associated with HIV seroconversion among Aboriginal participants. Methods: This analysis was based on 941 participants (230 Aboriginal people) recruited between May 1996 and December 2000 who were seronegative at enrolment and had completed at least one follow-up visit. Incidence rates were calculated using the Kaplan-Meier method. The Cox proportional hazards regression model was used to identify independent predictors of time to HIV seroconversion among female and male Aboriginal IDUs. Results: As of May 31, 2001, seroconversion had occurred in 112 (11.9%) of the participants, yielding a cumulative incidence of HIV infection at 42 months of 12.7% (95% confidence interval [CI] 10.3-15.1%). The cumulative incidence at 42 months was significantly higher among the Aboriginal participants than among the non-Aboriginal participants (21.1% v. 10.7%, p < 0.001). This elevation in risk was present in both female and male Aboriginal IDUs. Among the female Aboriginal IDUs, frequent speedball (combined cocaine and heroin) injection (adjusted relative risk [RR] 3.1; 95% CI 1.4-7.1) and going on binges of injection drug use (adjusted RR 2.3; 95% CI 1.0-5.2) were found to be independent predictors of HIV seroconversion. Among the male Aboriginal IDUs, the independent predictors of seroconversion were frequent speedball injection (adjusted RR 2.9; 95% CI 1.0-8.5) and frequent cocaine injection (adjusted RR 2.5; 95% CI 1.0-6.5). Interpretation: In Vancouver, Aboriginal IDUs are becoming HIV positive at twice the rate of non-Aboriginal IDUs. Our findings emphasize the urgent need for an appropriate and effective public health strategy -- planned and implemented in partnership with Aboriginal AIDS service organizations and the Aboriginal community -- to reduce the harms of injection drug use in this population.


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Australia/ Family Violence/Healing/Social Justice and Equity/Trauma

Abstract: Part 2 focuses on the needs of informal supporters of rural Aboriginal women experiencing family violence. The strategies for strengthening support for Aboriginal families are presented. The participants identified the barriers to help seeking by Aboriginal women,
the needs of Aboriginal families experiencing violence, and healing models necessary to deal positively with the past and present trauma experienced by indigenous people in Australia.


Keywords: First Nations/Aboriginal Peoples/ Family Violence/Violence/ Healing/Research/ Community Development

Abstract: After reviewing numerous heartbreaking stories from the First Nations, Métis and Inuit people alike, the author notes that it is apparent that peace has not been, nor is it, forthcoming for most Aboriginal peoples. As their families bear the brunt of an unredeemed past and present, a special challenge of helping them find peace emerges. A future must be charted which is not a mere repetition of what they have already foiled heavily against. Knowing the general status of Aboriginal families is the first step towards coming to terms with family violence. For instance, Dion Stout notes that many Aboriginal families have lost their ability to act as mediating structures. Further, because they are in the midst of existing problems, they are no longer able to provide their members safe refuge from life’s stresses. Being under siege, they do not have the energy and confidence for renewal. All of this because the sacredness of the Aboriginal family has given way to escalating and destructive violence. The fact that the Aboriginal family has been weakened to the extent that it now poses a barrier to human development is a terrible twist of irony. Yet, many voices have framed this paradox. What most Aboriginal persons previously thought impossible has now become the focus of social change. Their smallest and dearest social unit is troubled and in the need of healing. This paper has been written for the Royal Commission on Aboriginal Peoples with the purpose of advancing policy development on family violence. It draws on testimony at the Commission’s public hearings, commissioned research including three community studies of current initiatives, reports by previous commissions and task forces, and selected literature relating to community development in general and family violence in particular.


Keywords: Violence/Canada/Aboriginal Girls

Abstract: Unavailable


Keywords: Aboriginal Women/ Canada/Family Violence/Safety and Security/Social Justice and Equity

Abstract: Unavailable


Keywords: Adequate Human Services and Social Safety Net/ Canada/Healing/ Poverty/ Safety and Security/Youth

Abstract: The author describes how too many Aboriginal children and youth in Canada are living in violent and depressive environments, compounded by extreme poverty. This article offers the reader the option that traditional healing can be a rehabilitative process that can help to break the cycle of violence in our homes and communities.


Keywords: Canada/Family Violence/Aboriginal Families

Abstract: In the fall of 1992, a community needs assessment on the problem of family violence was completed in the Aboriginal community.
of Conne River, Newfoundland, Canada. This article reports both the process and findings of the study which was guided by two important principles. First, community participation was a critical component of all aspects of the assessment, and, second, the assessment was based on multiple sources of data. The data were collected from face-to-face interviews with key informants (community experts) and consumers/potential consumers of services, focus groups with youth and women, and informal contact and discussion with interested members of the community, some of them professionals. The findings indicate that the people of Conne River are knowledgeable about the types of family violence that occur in the community and the various sources of support and help. There was also a high level of interest in the topic and a genuine concern that some positive action would result from this assessment. The assessment identified the need for more supports for women with families in crisis, not just crisis intervention during incidents of violence but a more holistic network of supports. These supports need to be community-based, operating within existing agencies. The study identified the need for a community-based committee to undertake the planning of emergency services for women and families in crisis and long-term planning for a support network and/or community centre for women (Journal Abstract).


Keywords: Children/Fetal Alcohol Syndrome/ Effects/First Nations/ Pregnancy/Work

Abstract: Consistent throughout colonial narratives is an unquestioning acceptance of the inherent superiority of the writer and the “rightness” and inevitability of colonization. The purpose of this article is to apply the postcolonial critique of such discourse as it describes the Métis, Saulteaux and other groups whose everyday lives intersected with the authors’ colonial experiences.


Available Online: http://www.uwm.edu/Dept/Grad_Sch/McNair/Summer03/fernandez.pdf

Keywords: Health/Health Care/ HIV/AIDS/Native Americans/Native women/Poverty/Prevention/Research/Risk Factors/women

Abstract: Since Christopher Columbus’ “discovery” of America, Native Americans have been barraged with various diseases, alone reducing the original Native population from 5 million people to 250,000 at the turn of the 20th century – not including deaths from warfare (Thornton, 1987). Native American people are described as the “poorest, least educated, and most neglected minority in the United States,” having a wide range of health and social problems incomparable to other larger ethnic populations (Hodge & Fredericks, 1999). While many Americans believed HIV/AIDS to be a gay man’s disease when news of the epidemic first emerged, many Native people still view it as a white gay man’s disease (Vernon, 2000). Though the prevalence of HIV/AIDS among Native Americans is low in comparison to other populations, Native women in particular are at extreme risk for contracting the disease through several risk factors. Poverty correlates with alcohol and other drug abuse, violence, high rates of sexually transmitted infections, and poor access to health care, all factors which greatly increase the risk for contracting HIV/AIDS. Though one of the least studied population groups with HIV, Native Americans face an extremely wide range of risks for contracting the virus. Thus, more research should to be conducted on this high-risk population in order to address their prevention and intervention needs from a culturally relevant standpoint. To address this pressing issue, this study develops a case study of one woman, an enrolled member of a Wisconsin Indian tribe, derived from a larger, longitudinal and qualitative study on 55 Wisconsin women living with HIV. This case study highlights several key factors that expose Native women to risks of contracting HIV/AIDS in order to highlight the need for more research on this very important topic.


Keywords: Canada/Canadian Women/Culture/Education/Ethnic Groups/Health/Health Care/ Men/ Research/women/Women’s Health


Keywords: Aboriginal Women/ Canada/ Culture/Health/History/ Manitoba/Research/ Self-Harm/ women/Work

Abstract: Self-harm among women is a serious health concern in Canada. In recent years the Elizabeth Fry Society of Manitoba, in its work with women in conflict with the law, recognized an alarming increase in the number of women who identified themselves as self-injurers and the need for expanded research and understanding. The link between childhood experiences of violence and abuse (physical, sexual, emotional, neglect) and self-harm is
well documented in the research literature. An unexamined focus is the relationship between adult experiences of abuse and violence and self-harm. This study addresses two areas of self-harm that have received little attention: (1) the needs, supports and services of women in conflict with the law in both the community and institutional settings, and (2) Aboriginal women in conflict with the law. Each of our data sources offered a unique perspective from which to address the research focus: interviews with women, both in the community and correctional institutions; a focus group with incarcerated women; community agency and correctional staff interviews; correctional staff surveys; and review of community and correctional institute policies. Our study concentrated on the Prairie region of Canada. Considerable insight and understanding has been gained in this research regarding the needs, supports and services of women who self-harm while incarcerated and in the community. This study has enabled us to examine helpful and unhelpful responses to self-harm in these settings. Special awareness has been attained in these areas regarding the importance of Aboriginal culture in responding to the needs, supports and services of women who self-harm. The narratives of the women in the community and correctional institutions were combined for the data analysis. The main reason was that all women, with one exception, had a history of conflict with the law, with the majority having experienced a period of incarceration. Particular attention was paid to Aboriginal women’s experiences of self-harm. As well, information gathered on community and correctional staff members was combined due to the limited number of staff respondents and the close similarity between the two groups. Where feasible, however, general references are made to denote whether a community or institutional context applies (Adapted from Executive Summary).


Keywords: Aboriginal Women/ Conference Report/Critical Learning Opportunities/Education/HIV/AIDS/Prevention


Keywords: Inuit Women/Montreal


Keywords: Aboriginal families/Family Violence/Healing

Abstract: Unavailable


Keywords: Aboriginal Women/ Manitoba/women

Abstract: This thesis seeks to explore the notion and complexity of identity as it relates to Aboriginal women within the contemporary Canadian colonial context. How do Aboriginal women view and position themselves within a contemporary context? As well, how do Aboriginal women negotiate their subjectivity within conflicting historical and contemporary discourses? The overall objectives of the research are a) to provide an overview of various theoretical theories on contemporary identity; b) to record Aboriginal women’s perspectives and constructions of their identity in their own voice and; c) to provide a theoretical analysis on how Aboriginal women’s identity constructions create and open a new postcolonial space in which to (re)claim and (re)define themselves. In simple terms, the purpose of this research is simply to present the multiplicity of voice, place and identity of Aboriginal women within the contemporary Canadian perspective. On a more personal note, the fundamental purpose in pursuing this research is for me a way to honour and acknowledge my mother’s struggle and legacy as an Aboriginal woman (Adapted from the Introduction).


Keywords: Aboriginal Women/women/Research/Education/Family Violence/Elders

Abstract: This report highlights research findings undertaken by the Laichwiltach Family Life Society to determine the needs of Aboriginal women residing on northeast Vancouver Island, regarding the development of an Aboriginal women’s transition house. The report explores the incidence of family violence in four Aboriginal communities, barriers to accessing services, and planning and cost information for establishing an Aboriginal women’s transition house. Research methodology consisted of a literature review, small group discussions with women, Elders and staff from the Aboriginal community, and telephone interviews with
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local agencies to determine the incidence of Aboriginal family violence. From the community discussions and literature review, it is clear that mainstream approaches are not working for Aboriginal women in abusive relationships: violence in Aboriginal communities remains disproportionately high; mainstream services are underutilized; and Aboriginal women are generally reluctant to seek outside assistance. Based on the research, the Society developed and submitted a funding proposal to the Ministry of Women's Equality for the establishment of an Aboriginal women's transition house.


Keywords: British Columbia/Family Violence/First Nations

Abstract: Sharlene Frank stressed the need for policy shifts that will link Aboriginal women’s world views, experiences and state actions. She argues: “If solutions are going to work, they have to be made by, and within, the community, however that community may be defined” (p. 17). These solutions must arise from “[h]olistic approaches...which deal with all aspects of spiritual, emotional, mental and physical needs regarding the individual, family, and community.”


Keywords: Aboriginal Women/British Columbia/Canada/Education/Health/Housing

Abstract: Contents include discussions about: (1) Abused women, Housing, British Columbia, Vancouver Island; (2) Indian women, British Columbia, Vancouver Island; (3) Women’s shelters, British Columbia, Vancouver Island; (4) Needs Assessment; (5) Domestic Violence; (6) Indians, North American, British Columbia; (7) Indians of North America, Housing, Canada; and (8) Indian women, Canada.


Keywords: Empowerment/Healing/Manitoba/women/Work

Abstract: This is the report of two Aboriginal and five non-Aboriginal women and the exploration of their spirituality within their process of healing and empowerment. This group was facilitated within the context of a second-stage group for battered women, which ran for twelve consecutive weeks. This report describes the integration of feminist and social work principles, practices, and cross-cultural considerations, which served to promote insight and awareness of the importance of addressing spirituality as integral to the holistic healing of women.

56. Hankins, C., Hum, L., Tran, T., Laberge, C., Lapointe, N., O'Shaughnessy, M., et al. (1997). Low HIV Prevalence among under the media spotlight. Three types of cases are examined in detail: mothers who use substances, mothers who have mental health issues and mothers who have experienced violence in domestic settings.

Keywords: 4/Aboriginal Women/ Newborn/7

Abstract: The article looks at HIV infections among pregnant Aboriginal women and transmission of HIV infection to infants.


Keywords: Canada/Health/HIV/ AIDS/Inuit Women/Risk Factors/ Sexual Abuse/Sexual Violence/ women

Abstract: Written for Inuit women, this booklet discusses sexual assault and HIV infection. It includes answers to general questions on rape, HIV and AIDS, and includes lists of help lines and resources. This booklet was produced and adapted in consultation with Pauktuutit Inuit Women’s Association of Canada, for Health Canada, from the brochure “Women, sexual assault and HIV: are you at risk?” (AIDS Committee of Toronto, May 2000).


Keywords: Adequate Human Services and Social Safety Net/ Culture/First Nations/Gender/ Safety and Security/Sexual Abuse

Abstract: Explores interpersonal violence and the addiction experiences of First Nations women, and investigates these in the context of the renaissance of First Nations cultural movements. The authors also sought to create a discourse about recovery that embodied and reflected the life experience of First Nations women who had experienced childhood sexual abuse and addictions. Six women (aged 25-53 yrs) participated in this study that used an exploratory, emancipatory, feminist qualitative research design to elicit data through interactive audiotaped interviews. After the first interview, Ss provided feedback on their responses and were given the opportunity to request changes. The six stories were translated into four emergent themes: alcohol abuse and addictions, sexual abuse, recovery process, and gender issues, with 10 subtexts. A third contact was made with four of the six Ss in order to obtain feedback on the themes used to summarize the data. Gender and culture were central considerations in the women’s recovery.

Health Communication, 10, 145.

Keywords: Aboriginal Women/ Canada/First Nations/Health/ HIV/ AIDS/Injection Drug Use/ Men/ Poverty/Risk Factors/Sexual Abuse

Abstract: Purpose: The purpose of this study was to describe the coverage and portrayal of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) risk factors as framed in newspapers targeting Aboriginal (First Nations, Metis, and Inuit) peoples in Canada. Methods: From a sample of 31 Aboriginal newspapers published in English from 1996 to 2000, 14 newspapers were randomly selected. Of the 167 articles published on HIV/AIDS during this time period, all anecdotal (n = 34) and an approximate 25% random sample of scientific (n = 32) articles were analyzed using both quantitative (coding reliability and frequencies) and qualitative (in-depth content analysis) analyses. Results: Individual risk factors for HIV/AIDS were described in 74% (49/66) of the articles and included unprotected sexual intercourse (20/49 or 41%), sharing of needles for injection drug use (IDU; 149 or 33%), infected blood transfusions (3/49 or 6%), and vertical transmission from mother to baby (49 or 20%). Additional risk factors of alcohol use and poverty were mentioned in 29% and 25% of the articles. In addition to the well-recognized HIV/AIDS risk groups of prostitutes and homosexual men, sexual abuse victims, prisoners, and women were identified in Aboriginal newspapers as being at risk. Although Aboriginal women were identified as being at high risk, the newspaper coverage also emphasized their lack of knowledge regarding HIV/AIDS. Heterosexual men were not mentioned as being at risk for HIV/AIDS in the newspaper articles. Background: The prevalence of HIV/AIDS is higher among Canadian Aborinals than in the general population. Local and community newspapers are an important channel for the dissemination of health information for isolated, rural, and Aboriginal communities. Interpretation: The findings show that Aboriginal media identify high-risk groups and individualistic risk factors for HIV/AIDS, within a public health perspective (Author Abstract).

Notes: lhgoetz@healthy.uwaterloo.ca


Keywords: Education/Family Violence/Health/ Native women/ Prevention/Violence Against Women/women


Available Online: http://policyresearch.gc.ca/doclib/AboriginalBook_e.pdf

Keywords: Aboriginal Peoples/ Aboriginal Women/Diabetes/First Nations/Health/Montreal

Abstract: This article is based on a case study of ten Aboriginal women living in Montreal (eight were First Nations and two were Inuit) under conditions that fall within a theoretical framework of exclusion and marginalization. The primary purpose of the article is on the process of exclusion and marginalizational experienced by these women who had temporarily or permanently migrated to Montreal, using a life narratives methodology. The living conditions of the women at the time of the study revealed that they had children placed in care, were receiving income security payments, were dependent on drugs and alcohol at some point in their lives and three indicated that they had health problems such as diabetes, anemia and HIV. The article discusses the migration patterns and the lure of Montreal on the lives of these women and the resulting processes of marginalization faced by each one.


Keywords: Aboriginal Women/ Social Justice and Equity


Available: http://sisyphe.org/article.php3?id_article=1803

Keywords: Prostitution/First Nations/First Nations Women/ women/Canada/Canadian Women

Abstract: This short online article discusses the prostitution of First Nations women in Canada from first contact to present and submits that prostitution is a particularly violent legacy of colonization. The author raises the issue of legalizing prostitution and what this may mean for First Nations women engaged in the sex trade. The author also raises the fact that there are virtually no programs to assist women who want to leave prostitution and that looking to other countries for resolution of the prostitution problem means that many Canadian women remain trapped in the prostitution trade.


Keywords: Aboriginal Peoples/ Aboriginal Women/Children/ Culture/ Education/Family Violence/Healing/women/Work

Abstract: On March 16th and 17th, 2002, the Aboriginal Women’s Program, Family Violence Initiative component, of the Department of Canadian Heritage, hosted a Learning Circle at the Odawa Friendship Centre in Ottawa. The Learning Circle was an opportunity for selected Aboriginal Women’s organizations, which had received project funding from the Aboriginal Women’s Program, to meet and share information about their project and experiences. Twenty-one (21) organizations from across the country were invited. All had received project funding from the Aboriginal Women’s Program. Together, they represented the diversity of types of project funding through the Family Violence Initiative, including healing and wellness, training, education and awareness, information-sharing and capacity-building activities. There were projects that addressed the needs of Aboriginal people living in both urban and rural communities. A total of 14 projects from organizations based in the Northwest Territories, Nunavut, the Western and Prairie provinces, and Ontario were represented. As well there was a representation of several languages and cultures. Why the Learning Circle Was Held: Currently, the Aboriginal Women’s Program component of the Family Violence Initiative is being evaluated. It was felt that a Learning Circle would be a good way to share knowledge and information; explore lessons learned from the work to date, and gather community-level insight on the issues and direction for the future. As participants noted, Aboriginal women are central in their cultures. Aboriginal women are expected to take a leadership role in healing themselves, their children, their families and their communities.


Keywords: Canada/Ethnicity/ Health/Manitoba

Abstract: The demographic and socioeconomic characteristics of women with laboratory-confirmed Chlamydia, gonorrhea, or co-infection were compared with those of control women who tested negative for both pathogens. Differences in the demographic and socioeconomic characteristics of women
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with gonorrhea, Chlamydia, and co-infection suggest the existence of multiple reservoirs of infection due to these agents in the study population. The preventive, diagnostic, and therapeutic strategies of sexually transmitted disease control programs must be adapted to the individual needs of identified high-risk groups (Journal Abstract).


Keywords: Aboriginal Women/ Health/ Manitoba/Pregnancy

Abstract: This historical prospective cohort study describes the epidemiology of Neisseria gonorrhoea and Chlamydia trachomatis genital infection, specifically with regard to incidence of recidivism, and the development of sequelae such as pelvic inflammatory disease, ectopic pregnancy, and tubal infertility. Young age, being Aboriginal, living in an urban area and low mean household income were associated with gonorrhoea and Chlamydia co-infection. Having a subsequent diagnosis of an STD from a physician in an ambulatory care clinic was associated with having a positive lab test for Chlamydia, gonorrhoea, or co-infection with both organisms. A second diagnosis of STD was associated only with having a previous positive test for Chlamydia. Women who had experienced co-infection with N. gonorrhoea and C. trachomatis were at higher risk than were controls of being diagnosed with PID in an ambulatory setting. However, within this group of co-infected women, Aboriginal women were at much higher risk, and this risk was similar irrespective of whether they had been co-infected or not (Author Abstract).


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Basic Physical Needs/Canada/Health

Abstract: Martin, a program medical officer with Health Canada in Vancouver, coordinated a three-year study (September 2000 to 2003), during which blood samples were taken from 5,242 pregnant Aboriginal women. A total of 15 tested positive for HIV; 7 times more than what would be expected in the general population. Because the study was conducted anonymously, none of the women who tested positive were notified, a fact that drew criticism from some Aboriginal groups. Kevin Barlow, head of the Canadian Aboriginal AIDS Network, said “Without any direct way of informing certain study participants that they have tested HIV-positive, substantial ongoing efforts need to be taken to educate Aboriginal women about all the implications of these findings.”


Keywords: Canada/women

Abstract: In 1990, Kanienkehaka women led their nation’s resistance to the appropriation of sacred lands at Oka. Donna Goodleaf shares her holistic view of resistance by telling her story of involvement at Oka in conjunction with a gendered analysis of state violence. She locates her nation’s resistance in a holistic analysis of historical colonialism, present-dayEuro-sexist imperialist attitudes and “left” resistance strategies. She calls upon social movements to “go beyond the human to a vision rooted in a spiritually and politically based world view of indigenous people that encompasses the four-legged, the waters, the air, the earth....” Her vision calls for new policies and governance formed within a holistic understanding of the earth’s ecosystem.


Keywords: Aboriginal Women/ Community Solidarity and Social Support/Healing/Strong Families and Healthy Child Development

Abstract: This article speaks to the role of Aboriginal women in healing their wounded families as a result of colonization and its aftermath.


Keywords: Aboriginal Women/ Canada/ Healing/Life-Sustaining Values. Morals and Ethics/ Prevention/Safety and Security/ Work/ Youth

Abstract: This report was a culmination of five months of consultations with more than 150 commercially sexually exploited Aboriginal children and youth which took place in 22 communities across Canada. Cherry Kingsley and Melanie Mark, two Aboriginal women, with experience in the sex trade, co-facilitated various focus groups with Aboriginal children and youth. The ultimate goal of this project was to record the recommendations from the youth consulted and act upon them in conjunction with community members, government officials and service providers. The report outlines various individual and systemic factors which commercially sexually exploited Aboriginal children and youth face. Historizing social factors incumbent on Aboriginal children and

Keywords: Education/Family Violence/Health/Sexual Abuse/ Status of Women/14

Abstract: The Contents include a discussion on family violence; child sexual abuse; and education in the Northwest Territories among Native peoples.

72. LaRocque, E. (1997). Re-examining Aboriginal community. Attention is given to sexual violence within the family violence involves sexual assault, teenagers and children. And since much family violence as it affects Aboriginal women, violence generally, though it does require the goal of this paper is not to comment on family violence/Social Justice and Equity/women

Abstract: LaRocque provides a valuable discussion on family violence as it affects Aboriginal women, teenagers, and children, with a particular focus on sexual violence. It analyzes the roots of family violence and the isolation of Aboriginal women and proposes strategies to eliminate abuse and achieve justice. This publication is geared toward researchers, policy makers, and service providers. This issue of domestic violence in First Nations and Métis communities is one that demands urgent study and action. There is every indication that violence has escalated dramatically. For example, studies show that among Indians “the single most important group of health problems in terms of both mortality and morbidity is accidents and violence.” The goal of this paper is not to comment on family violence generally, though it does require further comment. This paper will focus on family violence as it affects Aboriginal women, teenagers and children. And since much family violence involves sexual assault, special attention is given to sexual violence within the Aboriginal community.


Keywords: Aboriginal Peoples/ Aboriginal Women/Canada/Family Violence/First Nations/Healing/ Health/Safety and Security/Sexual Violence/Social Justice and Equity/women

Abstract: LaRocque provides a valuable discussion on family violence as it affects Aboriginal women, teenagers, and children, with a particular focus on sexual violence. It analyzes the roots of family violence and the isolation of Aboriginal women and proposes strategies to eliminate abuse and achieve justice. This publication is geared toward researchers, policy makers, and service providers. This issue of domestic violence in First Nations and Métis communities is one that demands urgent study and action. There is every indication that violence has escalated dramatically. For example, studies show that among Indians “the single most important group of health problems in terms of both mortality and morbidity is accidents and violence.” The goal of this paper is not to comment on family violence generally, though it does require further comment. This paper will focus on family violence as it affects Aboriginal women, teenagers and children. And since much family violence involves sexual assault, special attention is given to sexual violence within the Aboriginal community.


Keywords: Justice/Canada


Keywords: Canada/Children/ Government/Justice/Legal Issues/ Research/Sexual Abuse

Abstract: In November 1997, the Minister of Justice asked the Law Commission of Canada to assess processes for redressing the harm of physical and sexual abuse inflicted on children who lived in institutions that were run or funded by government. This Report draws together the research and consultations conducted by the Law Commission in response to that request. The Commission has attempted to analyze the social and legal issues involved in institutional child abuse and to evaluate a variety of approaches to redress. It has also made several specific recommendations for action. The Law Commission hopes that this Report will provide governments with a framework of analysis and a blueprint for actions that must be taken to meet the needs of those whose childhood was destroyed by physical and sexual abuse. Although this Report was written for the Minister of Justice, it is addressed to a broader public audience, not just to governments.


Keywords: Family Violence/ Manitoba/Violence

Abstract: The authors review the literature on Aboriginal family violence, and attempt to identify programs useful and appropriate for Aboriginal communities. A survey of one Manitoba Reserve led to the development of a treatment program based upon community approaches to redress. It has also made several specific recommendations for action. The Law Commission hopes that this Report will provide governments with a framework of analysis and a blueprint for actions that must be taken to meet the needs of those whose childhood was destroyed by physical and sexual abuse. Although this Report was written for the Minister of Justice, it is addressed to a broader public audience, not just to governments.


Keywords: 3/Culture/First Nations/First Nations Women/ women/Women of Colour/7

Abstract: Documents the development of a multi-purpose hostel or shelter for women in crisis in Whitehorse. Analysis of the process of development of the transition house is
presented, with an examination of the issues which surrounded the complete withdrawal of First Nations women in the organization. The concept of ‘privilege of feminism’ is used in explaining why women of colour and First Nations women have felt marginalized and isolated, and been led to reject what they see as white middle-class feminists imposing belief systems that are incongruent with other cultures’ world views.


Available Online: http://www.cmaj.ca/cgi/reprint/160/7/1007.pdf

Keywords: Aboriginal Women/ Ethnic Groups/ Health/Medicine

Abstract: Background: Violence during pregnancy is a health and social problem that poses particular risks to the woman and her fetus. To address the lack of Canadian information on this issue, the authors studied the prevalence and predictors of physical abuse in a sample of pregnant women in Saskatoon.

Methods: Of 728 women receiving prenatal services through the Saskatoon District public health system between Apr. 1, 1993, and Mar. 31, 1994, 605 gave informed consent to participate in the study and were interviewed in the second trimester. Of these, 543 were interviewed again late in the third trimester. During the initial interview, information was collected on the women’s socio-demographic characteristics, the current pregnancy, health practices and psychosocial variables. The second interview focused on the women’s experience of physical abuse during the pregnancy and during the preceding year, the demographic characteristics and the use of alcohol or illicit drugs by their male partner.

Results: In all, 31 (5.7%) of the women reported experiencing physical abuse during pregnancy; 46 (8.5%) reported experiencing it within the 12 months preceding the second interview. Of the 31 women, 20 (63.3%) reported that the perpetrator was her husband, boyfriend or ex-husband. Although all ethnic groups of women suffered abuse, Aboriginal women were at greater risk than non-Aboriginal women (adjusted odds ratio 2.8, 95% confidence interval [CI] 1.0-7.8). Women whose partner had a drinking problem were 3.4 times (95% CI 1.2-9.9) more likely to have been abused than women whose partner did not have a drinking problem. Perceived stress and number of negative life events in the preceding year were also predictors of abuse. Abused women tended to report having fewer people with whom they could talk about personal issues or get together; however, they reported socializing with a larger number of people in the month before the second interview than did the women who were not abused. Interpretation:

Physical abuse affects a significant minority of pregnant women and is associated with stress, lack of perceived support and a partner with a drinking problem (Journal Abstract).


Keywords: Aboriginal Peoples/ Aboriginal Women/Adequate Power/Family Violence/ Healing/ Life-Sustaining Values, Morals, and Ethics

Abstract: This article discusses a project that attempts to bring out issues of family violence, together with proposals for action to change so that Native people can be instrumental in making changes toward healing. Thirteen recommendations are provided that offer suggestions on how to make changes and how to prevent family violence in communities and in the home. It acknowledges that federal and provincial governments must support the implementation of the inherent right of Aboriginal peoples to self-determination.


Keywords: Aboriginal Women/ Racism/Sexism/ Patriarchy


Available Online: http://www.linkup-connexion.ca/catalog/prodImages/053102030335_121.pdf

Keywords: Aboriginal Women/ British Columbia/ Healing/Health/ HIV/AIDS/Pregnancy/ Prevention Abstract: The goals of the Project were to: (1) introduce the female condom to small participatory groups of Aboriginal women; (2) provide Aboriginal women with condoms to try; and (3) document their experiences of using the female condom. The male partners of these Aboriginal women were also offered opportunities to share their experiences of using the female condom. The introduction of a female-controlled prevention method in Aboriginal communities, through culturally appropriate ways, has significant potential to reduce the risk of women contracting STDs, including HIV/AIDS and unplanned pregnancies.
Abstract: The author used a phenomenological approach to capture the lived experiences of childhood sexual abuse of 6 Aboriginal women (aged 29-53 years). Five of the subjects were born and raised on reserves in Ontario or British Columbia, while the other subject was raised in a non-Native community in Alberta, Canada. The aim of the analysis was to identify common experiential themes that accurately and fully represented the lived experiences of the subjects. Feelings of shame, guilt, acute vulnerability, internal fragmentation, invalidation and cultural shame, a need to make sense of the abuse, and the experience of reintegration were found to be the representative themes (Journal Abstract).


Abstract: This study reflects Aboriginal women’s perceptions of how Aboriginal offenders who abuse intimates should be dealt with and evaluates the women’s responses to a proposed urban diversion project based on the Toronto model. Central to this study are the experiences of 26 Aboriginal women from Manitoba, their views of the justice system and their ideas about offender disposition. Using an open-ended, semi-structured interview format, both childhood and adult experiences of intimate violence and justice system responses were investigated. The results indicate that 24 participants experienced some form of child abuse and all but one also witnessed abuse. All participants report experiencing different types of abuse in adult-hood. Respondents express overwhelming support for the punishment of abusers with jail terms, stiffer sentences and abuser treatment programs. Contrary to other research findings, the women in this study do not prefer counselling or mediation to jail, nor do they reject the justice system on cultural grounds. Many participants give thoughtful consideration to diversion and suggested important conditions. Recommendations are provided in the final section of the report.


Abstract: This book originates in an open invitation from Original Women’s Network of Manitoba to design and conduct a study that would ascertain the opinions of Aboriginal women violated by partners on the question of whether Aboriginal men charged with domestic violence-related offences should be diverted from the criminal justice system. Data from the report, Intimate Violence, Aboriginal Women and Justice System Response: A Winnipeg Study, is presented along with an expanded look at the justice system, as well as the impact of colonialism on gender, childhood, and intimate violence.


Abstract: This bibliography is a collection of literature specifically concerned with Aboriginal women and their experience with domestic violence. It is intended to be used by Aboriginal women, their families and service providers. Although some earlier works are cited, the bibliography highlights current research on Aboriginal women from 1990 to 1994 in four countries - Canada, Australia, New Zealand and the United States. The bibliography is divided into three parts: an introduction, resources listed by subject, and the annotation of the resources. Resources reflect a variety of disciplines and a diversity of issues. The subject areas include sociological issues, crime, policing, justice, treatment, homicide, sexual assault, cycle of violence and other research. Most of the resources listed in the bibliography are available from the University of Manitoba library system. The preparation of this bibliography indicates the need for localized qualitative research and has led to another study exploring Aboriginal women’s experiences of intimate violence and the justice system response, Intimate violence, Aboriginal women and justice system response: a Winnipeg study.
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: This document summarizes the Native Women’s Association of Canada’s concerns for federally incarcerated Aboriginal women. Concerns evolved around: 1. Decarceration of Aboriginal women in the federal prison system. Because of rampant racism within the criminal justice system at all levels leading to the increase in the numbers of Aboriginal women incarcerated federally from 15% in 1984 to 23% today, NWAC is asking for the decarceration of Aboriginal women within Canada’s penitentiary system. NWAC would like to explore with CSC and other interested parties alternatives to incarceration, including the use of section 81 to establish community-based healing facilities for all Aboriginal women prisoners, including those classified as “maximum security”.

Capacity building in Aboriginal communities to facilitate reintegration of Aboriginal women prisoners back into Aboriginal society. If Aboriginal women prisoners within the Canadian penitentiary system are to be decarcerated beginning in the near future and over a period of years -- the shorter the better -- Canada needs to invest financial resources at the Aboriginal community level to build the capacities of those communities to reintegrate Aboriginal women prisoners with their communities and families. Such capacity building can use federal dollars already targeted for Aboriginal community use including job creation, training, employment, economic development, social services, health, and so on. Crime prevention dollars and Department of Justice grants and contributions have also been made available to community projects. NWAC requests that some of these funds, and a new special fund aimed at Aboriginal female reintegration and community capacity building, be aimed at Aboriginal women’s representative organizations to facilitate this process.


Keywords: Canadian Women/ Ethnicity/Family Violence/First Nations/Sexual Abuse/Sexual Violence/Youth

Abstract: Objectives: to investigate the role, if any, that violence and physical relation may play in the acquisition of HIV infection in Canadian women. Study Design: The present study is qualitative. Methods: Using in-depth open-ended interviews conducted among HIV-positive women volunteers as a method. Results: Twenty women were interviewed. Eighteen of the 20 were of Aboriginal (First Nations) ethnicity. All participants reported experiences of isolation and violence in childhood (sexual abuse, domestic violence, emotional abuse). Half of those who experienced childhood sexual abuse reported being afraid to disclose the events to adults at the time due to fear of reprisal and/or shame. The majority reported running away from home to escape violence with subsequent involvement in the sex trade and drug abuse as economic and emotional survival/coping strategies. Half reported previous incarceration in jail. The majority reported that they currently looked to community social programs for guidance and support. Conclusion: Early intervention programs must be implemented in partnership with communities to reduce family violence and create support networks for children, youth and adults at risk (Journal Abstract).
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: Aboriginal women are overrepresented in the number of new clients attending HIV clinics in a large urban centre serving northern Alberta. This thesis presents the findings of a qualitative research study designed to explore the cultural factors that relate to HIV infection in these women. Two topics are covered. The first presents findings related to the etiology and treatment of HIV illness which are divergent from common biomedical views of the disease. In the second paper, a model is developed to conceptualize the relationships that exist between the women’s formative years, their self-esteem and survival techniques they used prior to becoming HIV-positive. These survival techniques may have placed them in situations that increased their risk of infection with the HIV virus (Author Abstract).


Abstract: The incidence of HIV infection among women is growing steadily, particularly within the Aboriginal community. Although Aboriginal persons comprise only 2.8% of the general population, they accounted for 5.5% of all prevalent infections and 8.8% of all new infections in Canada in 1999. However, few studies directly address the needs of Aboriginal women in Canada. This project provides a more comprehensive understanding of social factors and environment on HIV risk behaviours among Manitoba women. Research is needed to develop a better understanding of why Aboriginal women migrate to urban centres, how and whether they connect with services upon arrival and how these patterns are influenced by victimization, substance abuse and reliance on income from the sex trade. It is within this context that the authors focused on the experience of violence, economic hardship and relocation/dislocation as they relate to HIV risk. The specific objectives of this study were: (1) To describe a group of women who are HIV-positive in Winnipeg with respect to age, source of income, education, risk behaviours for HIV infection, ethnicity, and residence; (2) To describe any past experience of violence or threat of violence in the home and community of HIV-positive women in Winnipeg, and how this contributes to negotiating abilities; and (3) To describe the economic circumstances of HIV-positive women in Manitoba and how these circumstances contribute to behaviours associated with the acquisition of HIV, and (4) to describe the role of relocation/dislocation of Aboriginal women in the acquisition and transmission of HIV (Introduction).


Abstract: Unavailable


Abstract: Aboriginal women are overrepresented in the number of new clients attending HIV clinics in a large urban centre.

Keywords: Aboriginal Women/ HIV/AIDS

Abstract: Unavailable


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/ Adequate Power/ Basic Physical Needs

Abstract: In northern Alberta, the Aboriginal (Native) female population appears to be overrepresented in the HIV statistics. A qualitative research study was designed to explore the cultural factors that relate to the high HIV infection rate in these women. Eight HIV-positive women were interviewed for the study, representing about one third of the population. A model was developed to explain the relationships that exist between the women’s formative years, their self-esteem, and the survival techniques they used prior to becoming HIV-positive. These survival techniques may have placed them in situations that increased their risk of infection with the HIV virus.


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Canada/ Health/ Health Care/HIV/AIDS/Work

Abstract: This article describes the explanatory model of human immunodeficiency virus (HIV) illness used by Aboriginal women in northern Alberta. Using Kleinman’s explanatory model framework, eight women who were HIV-positive were interviewed to determine their perspectives on the etiology, pathophysiology, symptomatology, course of illness, and methods of treatment for HIV. A comparative analysis was done between the explanatory model of HIV illness as described by participants and the conventional biomedical paradigm of HIV disease. As described by Aboriginal women, several aspects of the explanatory model of HIV were congruent with the biomedical paradigm. It was also found that the findings related to etiology and treatment of HIV illness was...
incongruent with the conventional biomedical paradigm of HIV disease. These findings highlight the relevance of knowing models of illness for health care professionals, particularly nurses who work in communities with a high incidence of HIV/AIDS. These models make care planning of patients with HIV and AIDS more focused and directed (Journal Abstract).


Keywords: History/Sexuality/ Residential Schools

Abstract: Examination of records from residential schools designed to train Canadian Indians to survive in white society shows a long history of physical, mental and sexual abuse. Hundreds of such schools were established beginning in the late 19th century and run by the federal government and various Christian denominations.


Keywords: Aboriginal Women/ History/British Columbia/Children

Abstract: In order to describe and understand the history of Native Indian women in British Columbia, the hiding places of the history must first be discovered. There was a time, before European conquest of North America, when the voices of Native women were strong and clear. As they raised their children, taught their daughters the traditional roles and skills for living, shared daily events with their sisters and husbands, and captivated their grandchildren with tales of mythical heroines -- of Bear Mother, Mouse Woman, Sun’s Daughter, The Woman Who Gave Birth to Puppies, and Tzonoqua, the Cannibal Ogress -- Native women of this province spoke and were listened to.


Keywords: Aboriginal Women/First Nations/First Nations Women/ women

Abstract: This collection of works that developed over time is aimed at communicating the Aboriginal experience within Canada. The history of oppression, racism and colonialism are presented in the Mohawk traditional methodology of storytelling. Issues of society, such as law, politics, justice and change, are included. The author’s own “intellectual evolution” is shared through the inclusion of personal and academic writings. Aboriginal experiences with education, racism, the criminal justice system and feminism are discussed and traditional knowledge is presented as essential to Aboriginal survival as human beings.


Keywords: Aboriginal Women/ women/ Canada/Violence/Discrimination/Women in Prison

Abstract: The author reviews the statistics and provides a human perspective on the lived experience of Aboriginal women who are federally sentenced and overrepresentation within the prison system in Canada. The author notes that the ongoing failure to rigorously consider the structure and impact of the system on Aboriginal women results in continued disadvantage and discrimination beyond the travesty of overrepresentation. It is no surprise the statistics regarding overrepresentation have continued to increase, as it remains true that there is a continuing need to advance our understanding of culturally appropriate opportunities and to make real those options. The continued failure to do so reinforces cultural, racial and gender barriers, which are causally related to overrepresentation. Equally, this failure impedes access to the very goals that the Correctional Service of Canada espouses of “safe and humane custody and supervision” while offering opportunities for “rehabilitation.”


Keywords: Aboriginal Peoples/ Aboriginal Women/Gender/women

Abstract: This report examines the values and concepts which shape and underlie Aboriginal women’s relationship with the Canadian justice system. Exploring the meaning of such words as “criminal,” “justice” and “violence” from an Aboriginal perspective, the author concludes not only that there is a pressing need for the incorporation of the Aboriginal world view into the justice system, but that the latter’s understanding of violence as it pertains to Aboriginal women must be reconstructed so
that it better reflects such women’s day-to-day realities (Dion Stout, 1997).


Keywords: Canada/First Nations Women.

Abstract: Monture-Okanee’s writes as a Mohawk woman, and does not claim to represent anyone but herself. We learn from Hoffman-Nemiroff’s summary that Monture-Okanee’s paper is actually a statement that she read to explain why she could not speak to the conference, as she had been asked, on the topic of violence against women. In a moving and forceful passage, she describes the relationship of race and gender as she experiences it: It is out of my race that my identity as a woman develops. I cannot and will not separate the two. They are inseparable. I cannot separate the two because you need to ignore race, because it challenges and confronts your conceptions of the world. I cannot stand up here and just be a woman for you. I cannot stand up here, therefore, and just be a feminist for you. I cannot and will not do it. I do not know how to do it. And it hurts me (and that hurt is violence) that you keep asking me to silence my race under my gender. Silencing me is the hurt which is violence (194).


Keywords: Ethnicity/Health/ Manitoba/ Medicine/Work

Abstract: Background: Data on the prevalence and compliance with management of viral hepatitis in the street-involved population are limited. Method: Hepatitis A (HAV), B (HBV) and C (HCV) serology and compliance with HBV vaccination were documented in 533 street-involved individuals. Results: The mean age of the study population was 25.7 years (range: 11-65) and 53% were female. Serologic evidence of HAV infection was present in 53%; HBV, 12% (3% ongoing infection); and HCV, 17%. HAV infections were associated with Aboriginal/Métis ethnicity and age over 25 years; HBV with injection drug use (IDU); and HCV with IDU, sex trade work and age over 25 years. Compliance with three-step HBV vaccination was 98%, 77% and 63%. Conclusions: HAV, HBV and HCV are common infections in urban street-involved persons. Successful HBV (and presumably HAV) vaccination can be achieved in the majority of this population, but concerns exist regarding compliance with more long-term, parenterally based antiviral therapies (Journal Abstract).


Keywords: Aboriginal Women/ Canada/ Disabilities/ Poverty/ Research/Welfare/Work

Abstract: The primary research undertaking was 64 in-depth qualitative interviews of 1.5-3 hours in length with women who are, or have ever been, in an abusive adult intimate relationship and are at present, or have been at some point since 1995, in receipt of social assistance benefits through Ontario Works or the Ontario Disability Support Program. Of these interviews, five were conducted in Tamil, five in Bengali, six in Spanish and three through cultural interpreters in other languages. Of the 64 women interviewed, 38 (60%) had immigrated to Canada and seven identified as Aboriginal. A small chapter highlights the experiences of Aboriginal women with respect to the violence and poverty in their lives. The interviews were conducted between November, 2001 and March, 2003. The main geographic regions of the province covered were: Ottawa, Kingston, Toronto, London, Muskoka, Peel and Tyendinaga Reserve, Mohawk Territory.


Keywords: Children/Fetal Alcohol Syndrome/ Effects/First Nations/ Pregnancy/ Aboriginal Women/ women

Abstract: While much attention has been devoted to the issue of violence against women, feminist writers have neglected the issue of violence by women themselves specifically. Consequently, there has been a negative impact on theory development, research, and the provision of services to women who engage in violent behaviour. This paper argues the need to redirect our attention to women’s intimate violence from the standpoint of Aboriginal women who engage in violent behaviour.


Keywords: Aboriginal Women/ Adequate Power/Manitoba/ Poverty/Safety and Security/ Social Justice and Equity

Abstract: Thesis explores the issue of women’s intimate violence by taking a standpoint approach. Three focus-group discussions and 12 in-depth interviews were conducted with
Aboriginal women in order to understand how these women made sense of their own use of violence. The author points out that the failed assimilation of Aboriginal people by the Canadian government and its residential boarding school policies has led to families being broken up and thus causing environments where alcohol, violence, and poverty are the norm. Much of the women’s intimate violence is blamed on the long history of oppression and victimization from trying to survive in a predominantly white society. In order to reduce violence, the author states that issues such as poverty, communications skills, support systems, and most importantly, the women’s need for attention, understanding, and community voice must be addressed.


Keywords: Sexual Assault/Sexual Assault Reporting

Abstract: Unavailable


Available Online: http://www.cwhn.ca

Keywords: Aboriginal Women/ Adequate Power/Healing/Safety and Security/Social Class

Abstract: Physical violence against Aboriginal women comes in many forms; it permeates Aboriginal women’s lives; and it impacts upon the mental well-being of Aboriginal women. In the majority of cases, Aboriginal women keep the secret of violence to themselves and report it only after sustained abuse. Some women born into violence suffered at the hands of institutional masters and mistresses, suffered when they returned to their families from residential schools and then married into violence. Many go through their entire lives in violence, drugging and drinking their way to a safe place in their minds. Some leave and seek a life of self-worth and dignity. Others turn violence and commit the ultimate crime of murder or violent assault. This is a discussion of the violence that permeates Aboriginal women’s lives. It attempts to explain the effects of colonialism, such as disempowerment, oppression and changes in social structure. It describes the cyclic nature of violence which encourages women to be silent and fearful. Structural factors, such as poverty and the role of residential schools and Elders, act to sustain the violence in Aboriginal women’s lives. Women must end their silence; men must end their denial; and communities and their leaders must make a commitment to protect women. Everyone is responsible for ending the silence and denial and beginning a process of healing from within (CWHN Abstract).


Keywords: Aboriginal Women/ Adequate Power/Canada/Culture/ Family Violence/ Healing/Safety and Security/Social Justice and Equity/women

Abstract: In 1987, members of the Family Violence Program at the Canadian Council on Social Development conducted interviews with women who had been abused by their husbands or boyfriends. Some were Aboriginal women who wanted others to hear about and learn from their stories. This document contains a descriptive overview of what it is like to be abused as an Aboriginal woman. It contains testimonials from five women who have survived the violence in their lives. It also contains an interview with Liza, a drug and alcohol counselor, and an Elder who talks about her process of healing. Finally, it describes new directions and initiatives that are being developed to help family violence victims and offenders. This booklet provides firsthand accounts of six Aboriginal women’s experience with abuse, both of themselves and their families, and of their culture and society. They are survivors of a violence born of despair and loss of hope all too widespread in Native communities. But they are also stories of personal strength and courage, as the concluding section on the healing process demonstrates.


Keywords: Aboriginal Women/ Health/Health Care/Sexual Violence/women/Work

Abstract: This article addresses the connections between HIV and sexual violence among Aboriginal women. It offers suggestions as to how health care workers and organizations can connect these issues in their work with Aboriginal women.


Keywords: Aboriginal Women/ British Columbia/ Canada/HIV/AIDS
Abstract: Unavailable


Keywords: Health/Prostitution/ Sexual Abuse

Abstract: This article reports the results of qualitative interviews with 47 women involved in prostitution from three western Canadian provinces. More than two-thirds of the women had become involved at the age of 15 or younger. The respondents described high rates of violence perpetrated against them. They reported considerable childhood sexual abuse, most often by a family member or by caretakers while they were living in foster care or group homes. The young women continued to experience violence as prostitutes, so commonplace that it almost seemed “normal.” They were victimized by pimps, johns, other prostituted women, intimate partners, and representatives from mainstream society and members of the police. This article describes their experiences of violence, the associated health problems, the protective strategies they used, and their attempts to leave the streets. The conclusion suggests ways in which agencies and policies could better address the violence experienced by these young women.


Keywords: British Columbia/ Canada/Health/ Men/Children/ Education/History/Housing/ Research

Abstract: Hunger and food insecurity are important factors that may affect an individual’s nutritional state and should therefore be assessed in nutrition surveillance activities. The objective of this study was to determine the level of food insecurity and hunger among HIV-positive persons accessing antiretroviral therapy in British Columbia. A cross-sectional study was performed in the BC HIV/AIDS drug treatment program, a province-wide source of free-of-charge antiretroviral medications. In 1998-1999, participants completed a questionnaire focusing on personal information, health, and clinical status. Food and hunger issues were evaluated with the Radimer/Cornell questionnaire. Overall, 1,213 responding men and women were classified as food secure (52%), food insecure without hunger (27%), or food insecure with hunger (21%). In both categories of food insecurity, individuals were significantly more likely to be women, Aboriginals, living with children, and to have less education; a history of recreational injection drug and/or alcohol abuse, and an unstable housing situation (P < 0.05). In logistic multivariate modeling, income = Can$10,000 [adjusted odds ratio (AOR) 3.76, 95% CI (2.53-5.65)], shared household with children [AOR 3.68, 95% CI (1.98 6.84)] and unemployment [AOR 3.15, 95% CI (1.94-5.13)] were the strongest predictors of hunger. In HIV-positive individuals, the occurrence of food insecurity was nearly five times higher than in the general Canadian population. The results should stimulate further research to identify to what extent hunger-associated factors are reversible with interventions built on nutritional and/or social strategies (Author Abstract)


Keywords: Canada/Health/Native women/ Abused Women/Violence

Abstract: This report provides information about direct services used by battered Native women in Canada. The seven shelters operated by Native women are listed and their services are outlined. About 165 other shelters for battered women in the country were surveyed to find out the extent to which Native women are using the existing services operated by non-Native women outside of Native communities.


Keywords: Canada/Housing/Inuit Women/ women

Abstract: Reports on the housing crisis in Inuit communities in the Northwest Territories, Nunavik, and Labrador. Analysis of the link between the housing shortage and social problems in the communities is provided. Women’s shelters in Happy Valley Goose Bay, Labrador (Libra House), Yellowknife, NWT (Alison McAtear House) and Iqaluit, in the Baffin Region (Qimaavik) are profiled.


Keywords: Aboriginal Peoples/ Canada/Health/ HIV/AIDS/Research/Risk Factors

Abstract: This overview on Aboriginal HIV/AIDS looked at other research undertaken in Canada over the past decade. A list of all sources consulted is presented in a bibliography. Also a number of individuals in the research community were asked about their ongoing projects that had not yet be published or

Annotated Overview of Research on Aboriginal Women, Health and Healing
completed. Individuals working in Aboriginal AIDS service organizations were also contacted. The review is organized into three sections looking at: (1) burden of illness; (2) determinants and risk factors; and (3) interventions. Each section identifies the research that has been undertaken in the area, the impact of those studies if any, gaps where further research is required and recommendations for the development of a new Aboriginal HIV/AIDS research agenda. Much of the literature as it pertains to the experience of HIV/AIDS in the female population of Aboriginal peoples is also included.


Keywords: Health/Research/Inuit Women/Sexual Abuse/Housing/Adolescents

Abstract: As part of the Keewatin Health Assessment a representative sample of 263 Inuit adolescent and adult women were asked whether they had ever been sexually abused. Responses were confidential and the response rate was remarkably high (85%), only 15% did not respond to this question. Fourteen per cent of Keewatin Inuit women reported an experience of sexual abuse, evenly distributed across all age groups. There was no statistically significant variation by community although the rate ranged from 0% to 20% across eight communities. Univariate analysis indicated that abuse was more frequent among women living in private/government housing (p=0.048); in uncrowded housing (p=0.015); with at least one fully employed male in the house (p=0.035); and among women who did not speak Inuktitut (p=0.088). These associations were consistent between adolescents and adults, with adolescent experience of sexual abuse also highly associated with drug use (p=0.006). The picture that emerges is that sexual abuse of Inuit women occurs more often in relatively well-off, single-family, westernized homes. Alternative explanations are that these women reported the experience more accurately; or that these women perceive abuse differently and are more likely to report it. These data also describe the current living environment of abused women, not the context in which abuse occurred. However, if the data are accurate in characterizing sexual abuse as a problem of the more “westernized” Inuit in Keewatin communities, the implications are profound for targeting and designing appropriate preventative programs.


Keywords: Health/Pregnancy/Research/Sexual Health/Youth

Abstract: This study was set up to investigate the following questions: What are the sexual and contraceptive practices of Aboriginal youth today?; What are the reasons that Aboriginal youth are getting pregnant?; What are the feelings and practices around abortion among Aboriginal youth?; What are the attitudes of Aboriginal youth towards sex, sexuality and family matters?; Are the youth influenced by Native traditional knowledge and ethics that influence their approach to sex and parenting?; What types of situations are teen parents living in, and how do they feel about teen pregnancy and parenting? Research was conducted through province-wide questionnaires (255 questionnaires were completed); interviews with female and male youth parents, front line workers and Elders (for a total of 52 key informant interviews), and youth focus groups. Includes background material drawn from literature, extensive material about the findings and recommendations.


Keywords: Aboriginal Women/Family Violence/Native women/women

Abstract: This report examines the complexities of Aboriginal family violence from the perspective of Aboriginal women. The report includes: an analysis of the cycles of Aboriginal family violence; review of services available to the battered Aboriginal woman; a discussion of the Canadian justice system; a survey of community care and social workers; and a summary of the extent of the problem in Ontario. The report also makes recommendations for action.


Keywords: Inuit Women/Research/Safety and Security/Social Justice and Equity/Work

Abstract: The researcher will work with the Baffin Regional Agvvik Society, a transition house for battered women, and the Tuuvik Alcohol and Drug Counselling Centre, which has a program for batterers. Interviews will be conducted with RCMP, Department of Social Services and Department of Justice to evaluate the institutional response to domestic violence (Au).


Keywords: Canada/Health/ Manitoba/ Prevention

Abstract: In a study of the epidemiology of Chlamydia trachomatis infection in Manitoba during 1981-1990, we retrospectively reviewed laboratory and clinical case notification records as well as hospital and health insurance data concerning pelvic inflammatory disease and ectopic pregnancy. After implementation of a control program in 1987, the annual incidence of Chlamydia infection was highest among females aged 15-24 years (3,418 cases per 100,000 residents). Recurrent infection, which occurred in 13.4% of patients, was more common in women (P < .001), patients aged 15-24 years (P < .001), registered North American Indians (P < .001), and persons with concomitant gonorrhea (P < .001). Risk factors for dual (Chlamydial and gonococcal) infection included male sex (P < .001) and young age (P < .001). Although the incidence of hospitalization and outpatient visits for pelvic inflammatory disease decreased (P < .001) from 1981 to 1990, the annual incidence of ectopic pregnancy increased from 10 to 16 cases per 1,000 reported pregnancies (P < .001). Control activities focusing on the primary prevention of C. trachomatis infection are presented. Strategies for improving secondary prevention (through case detection and treatment of lower genital infection) include the targeting of individuals with recurrent and multiple sexually transmitted diseases (Journal Abstract).


Keywords: Canada/Sexual Abuse/ Child Welfare/Welfare

Abstract: Thesis compares and contrasts the current legal protections to sexually abused non-Aboriginal children with that afforded to Aboriginal children of Canada. In part 1, the main findings and recommendations of the Badgley Committee are examined along with the federal government’s subsequent enactment of Bill C-15. In part 2, the inequities that Aboriginal people have suffered as a result of the imposed circuit court system are discussed. As background to a discussion of alternative Aboriginal justice systems, a critique is provided on the case of R. vs. Moses [1992], in which the first sentencing circle was used. A description and critical analysis of various Aboriginal justice projects across Canada are provided. The author has made recommendations to revise the rules of evidence and procedure regarding child sexual abuse victims and to provide protection to women and children living in Aboriginal communities.


Keywords: Aboriginal Women/Inuit Women/ Research/Crime

Abstract: Pauktuutit is a leader among Aboriginal women’s organizations with respect to gender-based research directed to policy implications and social change. In this participatory research project, Pauktuutit builds on Inuit traditional knowledge and values and feminist praxis to record, report and analyze criminal behaviours endangering Inuit women in remote communities.


Keywords: Health/HIV/AIDS/ Newborns/Sexually Transmitted Diseases

Abstract: Sexually transmitted diseases (STDs) are infections caused by bacteria or germs that are most often caught when people have unprotected sex. Although most STDs can be cured, many of them create problems that can last a long time, sometimes these problems are lifelong. Sometimes people have no idea that they have an STD and pass it on to other people without knowing it. Anyone who is having sex should learn the signs of STDs so they can get treated by a doctor or at the health center or nursing station. People who have STDs that are not treated have a greater chance of catching HIV than other people. Different STDs need different treatment. When you are given medication to treat an STD, it is important that you finish taking it. If you don’t, the infection is likely to return and you will likely give the infection to your sexual partner. While you are taking the medication, it is important...
that you do not drink alcohol. Alcohol will make the medication less effective in curing your STD. When you have finished the medication, you must go back to the doctor or nursing station for a follow-up exam to make sure the infection is completely gone. Newborn babies can be infected with some STDs while they are in the womb or during delivery. Severe eye infections, blindness and pneumonia are only a few of the complications that can affect babies born with an STD. In the north many people have STDs, so it especially important for Inuit to understand how to tell if they have an STD.

124. Pauktuutit Inuit Women’s Association (2003). There is a Need So We Help: Services for Inuit Survivors of Child Sexual Abuse. Ottawa, ON: Pauktuutit Inuit Women’s Association.

Abstract: This report is based on an awareness of the healing and program support needs of survivors of child sexual abuse in Inuit communities.


Keywords: Education/Health/HIV/AIDS/Prevention/Work

Abstract: This report has been prepared to outline the proceedings which occurred at the National Inuit HIV/AIDS and STDs Training Workshop in Iqaluit. This document reports on the issues identified as related to HIV/AIDS and STDs and includes the solutions/recommendations made at the conclusion of the workshop. It demonstrates the degree of urgency for more AIDS activity including education, awareness, prevention and acceptance of those who are infected with the virus. Although this paper is submitted to the Medical Health Services Branch, it will also be useful for those working in the health profession or in AIDS-related work such as the Community Health Representatives and Workers who attended the workshop.


Keywords: Education/Healing/Health/HIV/AIDS

Abstract: Presents reflections on several aspects of sexuality; wounding and healing, education, sexual identity, self-affirmation, self-esteem and communication. Includes analysis of the impact of the residential school system on contemporary Native sexuality, interviews with women about their attitudes towards sexual health, and workshop materials for sex education and counseling for healthy sexuality.


Keywords: Family Violence/Justice


Keywords: Winnipeg/Family Violence/Research/Education/Men/Medicine/Healing/Prevention

Abstract: This report describes the evaluation of the Family Violence Program Stony Mountain Project, a treatment program developed to respond to the high percentage of Aboriginal men incarcerated in correctional facilities for crimes related to family violence. The program, consisting of 29 sessions to change violent behaviour patterns, is based on the Medicine Wheel and includes a combination of education, counselling, healing and prevention. The evaluation covers the three-year period when the program was delivered. Using both qualitative and quantitative methodology, 64 inmates were interviewed to evaluate: 1) satisfaction with the program; 2) perception of its effectiveness and applicability; and 3) thoughts on the cultural aspects. Participants’ general satisfaction with the program is very high. As well, a very high level of satisfaction with the cultural aspects of the program is expressed. Supplementary information from case management officers and guards shows a moderate change in inmates’ behaviour toward others in the institution. The authors conclude that there is both a need and a desire for Aboriginal family violence programs in correctional facilities.


Keywords: Winnipeg/Family Violence/Research/Education/Men/Medicine/Healing/Prevention

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Keywords: Family Violence/Manitoba/Safety and Security/Social Justice and Equity

Abstract: Aboriginal teachings and traditions are blended with mainstream content and theory to formulate the Ma Mawi Wi Chi Itata
Family Violence Program. This program offers services to children, women, and men within the community and at Stony Mountain Federal Correctional Facility. This article describes the services offered, the philosophy of the program, and the constant efforts to expand services to fit the changing needs of the community, including research partnerships.


Keywords: Aboriginal Women/ Adequate Power/Family Violence/ Safety and Security/ Social Justice and Equity

Abstract: Family violence has become an issue of significant concern within the Aboriginal community. One of the unique aspects of family violence within this community is its link to the history of colonization. This volume presents a number of studies on the effects of colonization, the need for programming specific to and by Aboriginal people and the efforts made by the Aboriginal community to meet that need. The success and respect that these projects have elicited from the community will build confidence and pave the way for their development and the pursuit of alternative approaches to family violence prevention in the Aboriginal community.


Keywords: Aboriginal Women/ Adequate Power/Culture/ Empowerment/Gender/Life-Sustaining Values, Morals, and Ethics/Racism/Safety and Security/ Sexual Violence/Social Justice and Equity

Abstract: Razack expertly examines the uses to which culture is put in the courts when the issue is violence against racialized women. Both women of color and Aboriginal women are obliged to talk about culture and violence within the context of white supremacy, a context in which racism and sexism and their intersections are denied. White judges and white lawyers seeking neat, culturally sensitive, ungendered solutions to justice have not often stopped to question their right to interpret Aboriginal culture, history, and contemporary reality. Cross-cultural sensitivity training of the judiciary will be of little use unless it is pursued in the context of the greater empowerment of the subordinate group. Cultural considerations might be effectively deployed if they remain grounded in the realities of domination. In the courtroom, the cultural background of racialized women can be used to explain the structural constraints of their lives.


Keywords: Aboriginal Women/ Adequate Income and Sustainable Economies/Adequate Power/ Cultural Integrity and Identity/ Culture/ Empowerment/History/Racism/Safety and Security/Social Justice and Equity

Abstract: This book challenges the widely held view that relations between dominant and subordinate groups can be unmarked by histories of oppression, as many cultural diversity theorists, educators, and legal practitioners presume. In this view, problems of communication are mere technical glitches caused by cultural and other differences, and educators and legal practitioners need only learn various “cross-cultural” strategies to manage these differences. What makes the cultural differences approach so inadequate in the classroom is not that it is wrong, because people in reality do have culturally specific practices that must be taken into account, but that its emphasis on cultural diversity too often descends to a superficial reading of differences that makes power relations invisible and keeps dominant cultural norms in place. This book examines how relations of domination and subordination stubbornly regulate encounters in the classroom and shape what can be known, thought, and said. Essays focus on intertwining systems of domination -- capitalism, patriarchy, and white supremacy--as they affect the experiences of Canadian Aboriginal women, other Canadian minority groups, and women with developmental disabilities in college classrooms and in court cases involving sexual assault and immigration issues. In Looking White People in the Eye: Gender, Race and Culture in Courtrooms and Classrooms, Razack addresses the failure of feminist theory and of feminist lawyers, academics, educators, and adjudicators, as well as non-feminist judges, to address difference. Razack explores the hierarchical relations implicit in feminist theory and suggests the means by which we can explore and redress our complicity in “relations of ruling.” This review places Looking White People in the Eye at the centre of a discussion of the need for feminism to journey from a “here” in which difference and hierarchical relations are not sufficiently acknowledged by feminists to a “there” in which difference is at the core of
Annotated Overview of Research on Aboriginal Women, Health and Healing

The reception of Gladue in the Canadian Criminal Code, promoting a more restorative and less retributive approach to sentencing of Aboriginal offenders, has been imposed. The authors argue that Gladue is promising in its recognition of the relational aspects of sentencing. This approach is suggested as a way to address the over-incarceration of Aboriginal people in Canada, particularly in urban environments. The authors examine the Supreme Court's decision in R. v. Gladue (1999), which interpreted the requirement in s. 718.2(e) of the Criminal Code that judges at sentencing must consider the nature and extent of family violence. They found that over 80 per cent of shelter clients were Aboriginal, most experiencing multiple forms of abuse by their partners. Nearly 90 per cent of reported injuries required medical attention or hospitalization. Many reported little support from medical staff or law enforcement officers. Lack of education, low incomes, unemployment, substance abuse, violence, and substance abuse in families of origin, and physical and sexual abuse during childhood were common characteristics of abused women and their abusive partners. Placing violence in the north in its social, historical, cultural, and geographic contexts lends understanding to the problem and reveals the inappropriateness of many mainstream approaches to dealing with family violence. Initiatives consistent with a human ecological systems perspective are suggested.

Keywords: Family Violence/ Canada/ Education/Sexual Abuse/ women

Abstract: Guided by a human ecological systems perspective, this thesis sought to describe the nature and extent of family violence in Canada's Northwest Territories and to place it in its social, historical, cultural, and geographic contexts. Analysis of shelter intake data revealed that over 80 per cent of shelter clients were Aboriginal, most experienced multiple forms of abuse by their partners, nearly 90 per cent reported injuries, and many required medical attention or hospitalization. Many reported little support from medical staff or law enforcement officers. Lack of education, low incomes, unemployment, substance abuse, violence, and substance abuse in families of origin, and physical and sexual abuse during childhood were common characteristics of abused women and their abusive partners. Placing violence in the north in its social, historical, cultural, and geographic contexts lends understanding to the problem and reveals the inappropriateness of many mainstream approaches to dealing with family violence. Initiatives consistent with a human ecological systems perspective are suggested.

Keywords: Adequate Power/ Canada/Safety and Security/Social Justice and Equity/Youth

Abstract: This study examines the experiences of survivors and victims of sexual violence with the Canadian criminal justice system. The existing literature about the laws and the legal processing of sexual violence indicates that most cases of sexual violence are not reported, and that few of those reported end in conviction. The literature addressing the emotional impact of sexual violence on survivors and the process of healing, indicates that legal proceedings are not seen by most survivors or therapists as a positive or even safe experience for survivors. Eight people who self-identified as survivors and/or victims of sexual violence participated in unstructured personal interviews, of which a number of participants were of Aboriginal descent. Grounded theory methodology was used to identify three main ways in which the criminal justice processing of sexual violence was felt to be hurtful to these survivors and victims: denial of victims' experiences of abuse, blaming of victims for having been abused, and violation of victims' privacy and autonomy. Participants' experiences and/or fears of each of these injuries are described. The relationship between these experiences and the initial harms to respondents from sexual violence are also explored. Discussion focuses on the roles of abusers, societal responses to victims and Canada's laws on sexual violence, and the emotional impact of sexual violence on survivors, and the process of healing. The existing literature about the laws and the legal processing of sexual violence indicates that most cases of sexual violence are not reported, and that few of those reported end in conviction. The literature addressing the emotional impact of sexual violence on survivors and the process of healing, indicates that legal proceedings are not seen by most survivors or therapists as a positive or even safe experience for survivors. Eight people who self-identified as survivors and/or victims of sexual violence participated in unstructured personal interviews, of which a number of participants were of Aboriginal descent. Grounded theory methodology was used to identify three main ways in which the criminal justice processing of sexual violence was felt to be hurtful to these survivors and victims: denial of victims' experiences of abuse, blaming of victims for having been abused, and violation of victims' privacy and autonomy. Participants' experiences and/or fears of each of these injuries are described. The relationship between these experiences and the initial harms to respondents from sexual violence are also explored. Discussion focuses on the roles of abusers, societal responses to victims and Canada's laws on sexual violence, and the emotional impact of sexual violence on survivors, and the process of healing.
Keywords: Aboriginal Women; Education; Gender; Health; Hepatitis C; History; HIV/AIDS; Poverty; Prostitution; Research; Risk Factors; Sexual Abuse; Social Class; Substance Addictions; Treatment; Violence

Abstract: This research was conducted in an attempt to understand why Aboriginal women in Saskatchewan remain marginalized in their continuing struggle against HIV/AIDS and Hepatitis C. Through the use of in-depth ethnographic profiles and personal histories, twenty-two Aboriginal women from Saskatchewan candidly shared their life histories. The women were asked a range of questions, including their knowledge about HIV/AIDS and Hepatitis C, and their attitudes and behaviors concerning sexual activities, alcohol and drug use, education, health, and lifestyle.


Keywords: Aboriginal Women/ Critical Learning Opportunities/ Health/HIV/AIDS/Life-Sustaining Values, Morals, and Ethics/ Women's Health

Abstract: This exploratory study involved listening, observing, analyzing, documenting, and better understanding “things as they are” for four street-involved, HIV-positive Aboriginal women from Vancouver’s Downtown Eastside. The thesis highlights the circumstances that contribute to the women’s vulnerability, not just to HIV/AIDS, but to a number of constraining social factors that affect their overall health, safety, and quality of life. The narrative nature of the four women’s stories is used to gain a greater understanding of Aboriginal women’s health issues. Historical issues, along with social, cultural, economic, and physical factors that impinge on the health of Aboriginal women are enhanced when combined with the four stories of the study group.


Keywords: First Nations/Sexual Abuse/Trauma

Abstract: Offers information to First Nations adult survivors of childhood sexual abuse about what to do to help themselves recover from the trauma of sexual abuse and where to get the support.


Keywords: Aboriginal Women/ Abuse/Canada/ Healing/Work

Abstract: The purpose of this study is to open the field of feminist social work practice to spiritual healing. I conducted interviews with eleven women, from various cultural and spiritual traditions, to see how they integrated spiritual healing into their work with women who have been abused. The findings identified the participants’ views on effects of abuse on the spirit, characteristics of healing and harmful spiritualities, and how spiritual healing might be beneficial for women who are healing from abuse. The women shared personal stories, ideas, approaches, and tools which could be helpful in integrating spirituality into practice with abused women. The findings also explored conflict between spirituality and feminism, ways that spirituality could be introduced into the curricula of schools of social work, nursing, or psychology, and ideas for improvement to services for abused women.


Available Online: http://ojjs.icaap.org/issues/1.1/scott-beaman.html

Keywords: Sexual Abuse/Sexual Assault Reporting/Sexual Violence

Abstract: Statistics on race are not collected in the Canadian Uniform Crime Reports, a practice that has sparked an ongoing debate regarding their utility. This paper compares Aboriginal and non-Aboriginal sexual assaults and suggests there is a need for the collection of race-based statistics. Using police reports of sexual assault (N=110), we compare precursor (social and demographic) and transactional (incident) variables for Aboriginal and non-Aboriginal victims. The analysis reveals that Aboriginal complainants were significantly more likely to report being unemployed and were significantly more likely to be identified as having consumed alcohol and/or drugs prior to the offence. Given the importance of witness credibility in sexual assault cases, these findings may signal unique problems for sexual assault reporting and processing among the Aboriginal population.


Keywords: Aboriginal Women/ Gender/HIV/AIDS/Racism/Class Discrimination/HIV/AIDS
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: Dramatic and rapid increases in HIV and AIDS rates among Aboriginal peoples in Canada, particularly among Aboriginal women, have been recorded despite underreporting and the small number of documented AIDS cases. The patterns of HIV and AIDS among Aboriginal women are markedly different from those observed for Canadian women in general. Epidemiological data for 1998-1999 shows that Aboriginal women constituted 49.6 per cent of newly diagnosed HIV cases among Aboriginal people while non-Aboriginal women comprise 20 per cent of newly diagnosed non-Aboriginal HIV cases. Injection drug use is the major mode of HIV transmission among Aboriginal women, followed by heterosexual sexual contact. HIV infection occurs at a younger age for Aboriginal women than for non-Aboriginal women. Young women constitute the largest proportion of Aboriginal AIDS cases. Consequently, the risk of HIV transmission from mothers to infants is increasing. Despite these facts, Aboriginal women continue to remain invisible in HIV/AIDS research and policy as well as face numerous barriers in accessing services. A focus on Aboriginal women and HIV/AIDS necessarily raises the issue of gender and women's subordination in addition to the unique historical and socioeconomic factors that shape Aboriginal women's lives. Gender refers to the social construction of men's and women's social roles that are historically shaped, culturally contextualized, and class-specific. Understanding how HIV/AIDS affects women entails analysis of the socially constructed differences between men and women and how this shapes distinct female and male experiences. Women's subordination or gender inequality among Aboriginal peoples is largely a consequence of European contact and colonialism. The imposition of European notions of women's social position resulted in the dispossession of Aboriginal women's rights and the devaluation of women's social roles. In addition to the legacies of multiple disadvantages and multi-generational abuse that affected Aboriginal communities, families, and individuals, cultural disruption served to deepen women's subordination to men. Isolation is the biggest problem caregivers face that negatively affects their own health and well-being, the person with HIV/AIDS and where pertinent, the family living with HIV/AIDS. Isolation of caregivers is a consequence of the continuing stigma attached to HIV/AIDS in Aboriginal communities and the resulting dilemmas of disclosure. Lack of services, counselling and supports for the caregiver, the

Keywords: Aboriginal Peoples/ Aboriginal Women/Adequate Human Services and Social Safety Net/Canada/Canadian Women/ Gender/Health/HIV/AIDS/Well-being

Abstract: Presents a training package, which includes a manual, video, public service announcement and training workshop. The authors provide information to help enhance community health representatives' capacities in HIV/AIDS prevention and in community education with women, emphasizing culturally appropriate models of healthy sexuality and the reduction of high risk behaviours. This publication also addresses the multiple and specific needs of First Nations and Inuit women living with HIV/AIDS or who are caregivers of people living with HIV/AIDS.

Keywords: Adequate Human Services and Social Safety Net/ Education/Health/HIV/AIDS

Abstract: This paper focuses on the experiences and perspectives of First Nations women living with HIV/AIDS and explores how HIV/AIDS affects their lives differently from men's lives. It is based on original research carried out as part of a larger project on Aboriginal women and HIV/AIDS for the National Indian and Inuit Community Health Representatives Organization in which the experiences and perspectives of female caregivers of people living with HIV/AIDS and women in “hard-to-reach” communities were explored.

Keywords: Aboriginal Women/First Nations/ Health/HIV/AIDS/Men/ Research/women

Abstract: A community-based mail survey of 155 urban American Indian women revealed 91% engaged in at least one lifetime HIV sexual or drug risk behavior, including 19% who had sex with an injection drug user and 7% who had traded sex. Sixty-eight per cent of the respondents were sexually active in the last
outside the law, they lost any protection they increasingly marginalized and forced to exist stolen their property. When prostitutes became men who abused them, and damaged or did not hesitate to bring charges against prostitutes had some protection within the law and Victoria, prostitutes' experiences suggest movements of the first two decades of the 20th century. As part of a community network, contributors to the economies of fledgling resource towns in the BC interior, such as Rossland, Nelson, Princeton, Revelstoke, and Kelowna. In the urban centres of Vancouver and Victoria, prostitutes' experiences suggest a constant process of re/negotiation to the rhetoric surrounding the social reform movements of the first two decades of the 20th century. As part of a community network, prostitutes had some protection within the law and did not hesitate to bring charges against men who abused them, and damaged or stole their property. When prostitutes became increasingly marginalized and forced to exist outside the law, they lost any protection they might have had, and turned to men whose actions were no longer constrained. Whatever economic benefit women might have gained from engagement in the trade increasingly went to those men who gave them some measure of security from the streets and from the law. Over the period, control of the sex trade in British Columbia clearly shifted. This study examines the social, legal, and economic circumstances that led to that shift, by using a case-study, regionally driven approach through an examination of primary archival sources from local museums and archives across the province (Author Abstract).

Abstract: Background: In 1997, we found a higher prevalence of HIV among female than among male injection drug users in Vancouver. Factors associated with HIV incidence among women in this setting were unknown. In the present study, we sought to compare HIV incidence rates among male and female injection drug users in Vancouver and to compare factors associated with HIV seroconversion. Methods: This analysis was based on 939 participants recruited between May 1996 and December 2000 who were seronegative at enrolment with at least one follow-up visit completed, and who were studied prospectively until March 2001. Incidence rates were calculated using the Kaplan-Meier method. The Cox proportional hazards regression model was used to identify independent predictors of time to HIV seroconversion. Results: As of March 2001, seroconversion had occurred in 110 of 939 participants (64 men, 46 women), yielding a cumulative incidence rate of HIV at 48 months of 13.4% (95% confidence interval [CI] 11.0%–15.8%). Incidence was higher among women than among men (16.6% vs. 11.7%, p = 0.074). Multivariate analysis of the female participants’ practices revealed injecting cocaine once or more per day compared with injecting less than once per day (adjusted relative risk [RR] 2.6, 95% CI 1.4–4.8), requiring help injecting compared with not requiring such assistance (adjusted RR 2.1, 95% CI 1.1–3.8), having unsafe sex with a regular partner compared with not having unsafe sex with a regular partner (adjusted RR 2.9, 95% CI 0.9–9.5) and having an HIV-positive sex partner compared with not having an HIV-positive sex partner (adjusted RR 2.7, 95% CI 1.0–7.7) to be independent predictors of time to HIV seroconversion. Among male participants, injecting cocaine once or more per day compared with injecting less than once per day (adjusted RR 3.3, 95% CI 1.9–5.6), self-reporting
identification as an Aboriginal compared with not self-reporting identification as an Aboriginal (adjusted RR 2.5, 95% CI 1.4-4.2) and borrowing needles compared with not borrowing needles (adjusted RR 2.0, 95% CI 1.1-3.4) were independent predictors of HIV infection. Interpretation: HIV incidence rates among female injection drug users in Vancouver are about 40% higher than those of male injection drug users. Different risk factors for seroconversion for women as opposed to men suggest that sex-specific prevention initiatives are urgently required (Journal Abstract).


Keywords: Aboriginal Women/ Basic Physical Needs/Family Violence/Fetal Alcohol Syndrome/ Effects/Substance Addictions

Abstract: Examines the special needs of women and teen girls who abuse alcohol or drugs and the influence of poverty, family violence and sexual abuse on substance abuse. The authors of this publication argue that in dealing with women's substance abuse we can deal with FAS/FAE. The experiences of women and girls who have abused alcohol and drugs is also explored, what happened when they tried to get help or treatment, and what Aboriginal women know about FAS/FAE. Included is a look at what supports and resources there are for FAS kids, for kids who might have FAE, and for people who take care of them.


Available Online: http://www.hlthss.gov.nt.ca/content/Publications/Reports/untoldstories/PDF/UNTOLDSTORIES.pdf

Keywords: Family Violence

Abstract: This is the second book of stories from victims of families affected by violence. The first book was published in 1990 and was a useful resource for addressing the need for community understanding of family violence. Untold Stories 2 is a compilation of stories about women who took steps to find help and support in leaving or resolving the violent relationships. Photos of front line workers, women listening and of women sharing and laughing are included. Children’s drawings show the fear and sadness they experience in witnessing violence against this loved one. A song and a poem are also included to illustrate the different forms of expressing or telling one’s story.


Keywords: British Columbia/ Canada/ Empowerment/First Nations/Health/Health Care/ Prevention/Youth

Abstract: Sexually transmitted infections (STIs) such as gonorrhea and Chlamydia, among others, are significant health concerns for Canadian Aboriginal (i.e., First Nations, Inuit) adolescents. This is further compounded by ineffective prevention and promotion strategies that were designed to lessen the incidence of STIs in this population. Structure and content of health service programs are crucial considerations in STI prevention because even well-constructed and carefully implemented programs may have very little impact on Aboriginal youth if these programs are not culturally sensitive and specific to individual adolescents’ needs. Furthermore, because components of sexual and reproductive health are inextricably linked to empowerment and equality between the sexes, holistic health nurses need to develop strategies that increase self-esteem, self-advocacy, and healthy choices among Aboriginal adolescents (Journal Abstract).


Keywords: Aboriginal Peoples/ Healing/Trauma

Abstract: The author contends that many Aboriginal communities and urban Aboriginal peoples in the field of social services are utilizing healing circles, talking circles and sharing circles as a way of providing a group support for people who are dealing with issues such as addictions, violence, grief, and trauma. In this article, the author identifies some of the helpful aspects of a healing circle.


Keywords: Aboriginal Women/ British Columbia/ Social Justice and Equity

Abstract: This paper provides a comparative overview of five Aboriginal communities in British Columbia and the possible implications of initiating restorative justice reforms in cases of violence against Aboriginal women and children in these particular communities. The document examines the ways in which Aboriginal women’s experience of colonization is mediated by gender and attempts to locate the effects of violence against women and children within this trajectory. The paper looks at the conditions of women's lives within the
community, and provides a frame of reference and context should restorative reforms become more commonly used in cases of violence against women and children. The paper also attempts to articulate numerous concerns, taking both women’s voices and current theory around restorative justice such as John Braithwait’s ideas on reintegrative shaming into consideration.


Keywords: Aboriginal Women/ Manitoba/ Research/Domestic Violence

Abstract: Past theory and research in the area of domestic violence in Aboriginal communities have argued that mainstream institutions are not meeting the needs of Aboriginal women because their mandates do not incorporate Aboriginal traditions and philosophies. However, no research has examined if Aboriginal victims of domestic violence are dissatisfied with mainstream institutions because of this cultural inconsideration. This research examined this theoretical question by conducting exploratory research in two communities in northern Manitoba. Two non-probability convenience samples of Aboriginal and non-Aboriginal victims of domestic violence were interviewed in person. The variables that were examined were: utilization of mainstream services, satisfaction with mainstream services and the ability of mainstream services to meet the needs of victims of domestic violence. This research found that Aboriginal women had high rates of service utilization and service satisfaction. It further discovered that when mainstream services failed to meet the needs of Aboriginal women, it was the result of failure to provide safety and support to the victims and not because of a lack of incorporated Aboriginal values and customs. Furthermore, when the results were compared to a small sample of non-Aboriginal women, no substantial differences could be found. The results of this research failed to support the theoretical argument that mainstream institutions are not meeting the needs of Aboriginal victims of domestic violence because they are not based upon traditional Aboriginal philosophies and customs.


Keywords: Aboriginal Women/ Adequate Power/Family Violence/ Racism/Violence Against Women/ women/Women Offenders

Abstract: Summarizes interviews with federally sentenced Aboriginal women all of whom have served time in federal prison. Interviewees reflect on issues of brutality, violence, racism, and oppression. This publication reveals that the majority of these women have been subjected to childhood violence, sexual assault, domestic violence and/or rape. This report summarizes and discusses implications of interviews with 39 Aboriginal women who have served time in federal prisons. Each woman was asked to tell how she grew up, how she came to be in prison, and what happened to her after emerging from prison. Themes revealed in the interviews include family violence, violent crime, and maltreatment by prison authorities, racism, and the need for Aboriginal support services.


Keywords: Family Violence/ Healing/Safety and Security/Social Justice and Equity

Abstract: Unavailable


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Child Welfare/ Children/Family Violence/ Manitoba/ Safety and Security/ Trauma/Welfare/women/ Work

Abstract: This practicum consisted of a two-phase group approach to working with Aboriginal women and children who had been exposed to partner abuse. The families were all headed by women who were parenting alone and who had been out of their abusive relationships for approximately a year or more. The women in the group had experienced many losses in their own childhood as a result of colonial systems such as residential schools and the child welfare system. The group goals included enhancing the parent and child relationship and breaking the secret of the family violence within and between families. A total of five parent-child dyads were involved with this practicum and three families completed the group. The treatment modality included an initial eight-week parent group that focused on adult play and information related to theraplay, as well as information related to the effects of exposure to family violence on their children. Another eight weeks was spent in a multi-family group with both the parents.
and their children. Puppets were utilized as a means to present relevant themes and the families participated in theraplay activities together. Clinical impressions suggest that while the women’s lives remained extremely stressful, they were able to support their children to discuss their feelings about the family violence. Families also expressed enjoyment in relation to the play time together and did demonstrate some improvements within their parent-child relationships.


Keywords: Aboriginal Women/ Sexually Transmitted Diseases/ HIV/AIDS

Abstract: The long-awaited report, HIV/AIDS and its Impact on Aboriginal Women in Canada was published by ANAC in March 1996. This report summarizes some of the findings.


Keywords: Healing/Sexual Abuse/ Trauma/Work

Abstract: After the boys left, all too familiar anger bubbled up. Tears sprung into our eyes. “It’s genocide.” Strong words, strong feelings. Reliance on centrally located “experts” and the lack of local counselling services can mean that emotional wounds are left unattended. The scars left from trauma easily develop into substance abuse, depression, promiscuity, violence, and suicide -- this in kids who have yet to see their eighteenth birthday. Every Friday from October to February, a foster family traveled two hours into the city for counselling. From the safety of their foster home, three- and five-year old sisters disclosed sexual abuse. They described many incidents of other violence and neglect. In February a crisis occurred, funding for travel and subsistence was withdrawn. Someone somewhere had decided that the girls should be cured after ten sessions and that the foster parents were simply taking advantage of counselling for a free trip into town. In a flurry of strongly worded telephone calls, facsimiles, and letters a contract for an additional eight sessions was negotiated. Calls, facsimiles, and letters a contract for an additional eight sessions was negotiated.


Keywords: Aboriginal Women/ HIV/AIDS/ Pregnancy

Abstract: An unlinked HIV seroprevalence study among pregnant Aboriginal women in BC reveals an alarming trend and raises ethical questions about certain types of research in Aboriginal communities (Newspaper Abstract).


Keywords: Family Violence/ Research/Violence/ Violence Against Women

Abstract: This short article details a research project undertaken by the Swampy Cree Tribal Council, which serves seven member bands, with respect to the problem of members who have been abused and who are abusing. The articles includes how data was collected including definitions of family violence and violence used by the agencies providing child and family services to these communities as well as a discussion on the benefits of this research project and how information and data would be shared and disseminated.


Keywords: Violence/Family Violence/First Nations/First Nations Communities/Manitoba

Abstract: The authors look at the lack of access to resources used by victims of abuse and family violence in seven First Nations communities in northern Manitoba.


Keywords: Family Violence/ Health/Identity/ Winnipeg
Keywords: Culture/Life-Sustaining Values, Morals, and Ethics/Safety and Security/Trauma

Abstract: Clinical literature on incest trauma assumes a homogeneity of experience of all incest survivors, including women of color. Experiences relating to community, culture, and family need to be acknowledged as salient aspects of the experiences of women of color who are also incest survivors. Twelve participants were interviewed regarding their experiences related to disclosure and coping. Participants described value systems, community mindedness, social attitudes, and negative consequences amongst other social and cultural issues as factors affecting incest disclosure. Participants described cognitive reframing, determination and separation from the perpetrator as ways of coping with incest.

Keywords: Healing/Status of Women/Well-being/women

Abstract: Features the Status of Women Council of the NWT’s set of workshop facilitator guidebooks entitled ‘From Dark to Light: Regaining a Caring Community.’ Discussion on women and violence, healing and well-being; Use as a tool for facilitators from Aboriginal communities to raise community awareness and conduct self-help or educational groups

Keywords: Aboriginal Women/ Suicide

Abstract: Thesis studies the experiences of Aboriginal women who have been abused by their intimate partner and reside in shelters. The need for support groups that are more psycho-educational in nature is pointed out as a way for Aboriginal women to deal with the abuse, court system, and social services. The counselling in the shelters should include: foresight as to what to expect upon leaving the shelter, a focus on feelings of grief due to the loss of the relationship, and an understanding of the detrimental effects of cultural erosion (suicide, alcoholism, homicide, and domestic violence). A holistic approach that focuses on community problems in general is mentioned as a possible solution to curb abuse of Aboriginal women.

Keywords: Trauma/women/ Prevention/Sexual Assault/ Research

Abstract: A survey of 68 American Indian women in New York City --aimed to inform community-based HIV prevention approaches --revealed that respondents indicated generally high levels of HIV knowledge and self-efficacy for safer behavior and low levels of perceived risk. Few had ever injected drugs, and 54% had been tested for HIV. However, 38% had used alcohol or other drugs in the last six months, and among the 59% who reported sexual activity in this period, 80% had had unprotected sex. Alarmingly, 44% reported lifetime trauma, including domestic violence (25%) and physical (27%) or sexual (27%) assault by a family member or stranger. Consistent with a postcolonial theoretical framework, trauma was a better predictor of HIV risk behavior than social cognitive variables. Moreover, preliminary logistic regression analyses indicated the use of alcohol or other drugs may mediate the relationship between non-partner sexual assault and sexual risk behaviors. Implications for future research and culturally relevant community-based interventions are considered.

Keywords: Canada/Ethnicity/ Health/Health Care/Strong Families and Healthy Child Development/ Pregnancy/Substance Misuse/ Drug Injection

Abstract: Objective: To determine the incidence of pregnancy among active injection-drug users and to identify factors associated with becoming pregnant. Methods: The Vancouver Injection Drug User Study (VIDUS) is a prospective cohort study that began in 1996. Women who had completed a baseline and at least one follow-up questionnaire between June 1996 and January 2002 were included in the study. Parametric and non-parametric methods were used to compare characteristics of women who reported pregnancy over the study period with those who did not over the same time period. Results: A total of 104 women reported a primary pregnancy over the study period. The incidence of pregnancy over the follow-up period was 6.46 (95% confidence interval (CI) 5.24-7.87) per 100 person-years. The average
age of women who reported pregnancy was younger than that of women who did not report pregnancy (27 vs. 32 years, p < 0.001). Women of Aboriginal ethnicity were more likely to report pregnancy (odds ratio 1.6, 95% CI 1.0-2.5). Comparison of drug use showed no significant differences in pregnancy rate with respect to the use of heroin, cocaine or crack (p > 0.05). In examining sexual behavior, women who reported having had a regular partner in the previous six months were three times more likely to have reported pregnancy. Despite the fact that 67% of women in this study reported using some form of contraception, the use of reliable birth control was low. Only 5% of women in our study reported the use of hormonal contraceptives. Conclusion: There were a high number of pregnancies among high-risk women in this cohort. This corresponded with very low uptake of reliable contraception. Innovative strategies to provide reproductive health services to at-risk women who are injecting drugs are a public health priority (Journal Abstract).


Keywords: Healing/Social Justice and Equity/Violence/Crime

Abstract: This is a wonderful collaboration between a white man and a Native woman. It speaks in both voices with power, control and poignant, devastatingly honest emotion. Written with the help of award winning author Rudy Wiebe, this acclaimed novel tells of Yvonne Johnson’s experience while imprisoned for first-degree murder in 1991, and the spiritual strength she eventually found. A compelling story of murder, morality, justice and injustice, Stolen Life: The Journey of a Cree Woman is Johnson’s account of the troubled society we live in. Powerful and eloquent, this is a book about Indian life, of stolen land and stolen lives which eloquently chronicles one woman’s path toward healing.


Keywords: Child Welfare/Children/Health/Homelessness/Men/Poverty/Pregnancy/Social Support/Welfare/women/Work

Abstract: The Sheway centre was created through a partnership between four organizations-Vancouver/Richmond Health Boards, Vancouver Native Health Society, and the Ministry of Child and Family Development. Sheway is an appropriate name for this drop-in centre -- it means “growth” in Coast Salish. It started in 1993 in response to the needs of pregnant and parental women living in or frequenting this impoverished area -- women entrenched in the way of life of the Eastside.

Walking through its streets becomes a lesson in urban poverty: it is common to see drug dealers and addicts, drunken street brawlers, beggars, people passed out on the sidewalks in broad daylight, and men and women soliciting “customers” to support drug and alcohol addictions. With an average of 100 female clients at any given time who are pregnant or have a child under the age of 18 months, Sheway works to promote a healthier pregnancy and positive parenting experience. Before the program was started, most of these women were not receiving prenatal care and babies were apprehended immediately because of their mother’s substance abuse. Sadly, their statistics show that 75 per cent of these women are Native. Some of the issues that women faced back then and now are: homelessness, food and nutritional deficiencies, lack of social support, violence from a partner, working on the street, unplanned pregnancy, involvement with the law, mental illness, and finally, their children being apprehended by child welfare because of an unstable home life.


Keywords: Aboriginal Women/Canada/Health/Health Care/Strong Families and Healthy Child Development/Work

Abstract: A qualitative study was conducted to identify perceptions of high-risk pregnant Aboriginal women during pregnancy. Five women were interviewed by the researcher who is identified as an Aboriginal woman. Each woman was a client of the Healthy Mother Healthy Baby pregnancy outreach program in Saskatoon, and was considered to be at high-risk for poor pregnancy outcomes. Interviews were conducted utilizing a phenomenologically based model of research, from which emerged themes or commonalities of thought between each woman during this time of their lives. The themes were discussed with Aboriginal women Elders who worked with Aboriginal families in Saskatoon, for further insight and discussion of the findings. The themes were collated under one general theme called “hopes and dreams.” Each theme included the interest of these women to “want to” move ahead with their lives in the area of improving their relationships with their offspring, their partners, and within themselves. Though each woman talked about these areas as being important, all except one did not manifest them in their lives. The implications for the delivery of health care services include the need for health care workers to gain further understanding of the positive motivational factors of high-risk pregnant Aboriginal women that work towards achieving long-term positive behaviour changes, and thus reduce the risks of poor pregnancy outcomes. Other recommendations from this research for health...
Overall, 308 (36.5%) of the respondents reported having been sexually abused, 74.0% of the incidents having occurred during childhood. The prevalence was higher among Aboriginal women than among non-Aboriginal women (44.8% v. 30.1%, p < 0.001). Women who had been sexually abused were younger when they first had sexual intercourse, they had multiple partners, and they had a history of sexually transmitted diseases. In addition, non-Aboriginal women who had been sexually abused were more likely than those who had not been abused to have been separated or divorced, unemployed and multiparous and to have used an intrauterine device rather than oral contraceptives. Aboriginal women who had been sexually abused were more likely than those who had not been abused to have had abnormal Papanicolaou smears. The proportion of smokers was higher among the abused women than among the non-abused women in both ethnic groups. Interpretation: A history of sexual abuse was associated with other clinical, lifestyle and reproductive factors. This suggests that sexual abuse may be associated with subsequent health behaviours, beyond specific physical and psychosocial disorders (Journal Abstract).


Abstract: The paper is divided into six main sections. The author discusses definitions and forms of violence. Although there does not exist a clear consensus for a definition of violence, it has been recognized that violence includes physical, sexual, emotional/psychological, and financial abuse. There are similarities in women’s experiences of violence but there are also unique aspects to violence in Aboriginal communities.

The second section looks at the extent of violence. Available information clearly shows that the extent of violence against Aboriginal women is extraordinarily high, more so than for non-Aboriginal women. The third section provides historical information. It is argued that the history of colonization must be taken into account in order to understand violence in contemporary Aboriginal communities. The fourth section explores theoretical insights into violence against women. In order to better understand violence against Aboriginal women, various theories are presented. The historical colonization of Aboriginal peoples is continually raised in documents seeking to explain violence. The impact of residential schooling is of particular importance. This section includes a discussion of the role of alcohol. The largest section of the paper is on intervention and healing. For clarity, this section...
is subdivided into community responses, services for women, programs for men, and the criminal justice system. One theme which emerges from the literature is a call for holistic, community-based approaches. Programs, resources and support specifically for Aboriginal women are clearly needed. Issues surrounding shelters and safe houses are examined. It is necessary to confront the violence by men. Treatment programs for men and the use of the criminal justice system are discussed. The experiences of women with the criminal justice system as well as the controversies surrounding the use of the legal system are highlighted. One recurring recommendation is that men who are abusive be given treatment and counselling as part of their sentence. The paper’s conclusion highlights some of the areas that could be further explored.


Keywords: Canada/Culture/Education/Inuit Women/Violence Against Women

Abstract: This article discusses restorative, community-based responses to violence against indigenous women in northern Canada, including wife abuse, marital rape, and violence. The author argues that restorative justice holds great promise, but there are significant challenges to ensuring that violence is effectively confronted and women are protected. Six critical issues are examined: (1) breaking the silence and education; (2) the needs of victims; (3) power relationships; (4) Elders; (5) cultural values; and (6) resources. Data are provided from a study of violence against Inuit women in the Canadian eastern Arctic. Although the focus is on indigenous communities, these issues are viewed as pertinent to many other communities and cultures (Journal Abstract).


Keywords: Canada/Family Violence/Manitoba/Social Justice and Equity

Abstract: Given the severity and extent of woman abuse, calls are being made to mandate treatment for abusive men. Attention has focused on Caucasian populations; few programs are culturally competent. This article discusses the first Aboriginal family violence program for inmates within the federal correctional system in North America. The Correctional Service of Canada funded a project operated by a community agency, Ma Mawi Wi Chi Itata Centre, for offenders at Stony Mountain Institution in Manitoba. Numerous issues, including cultural competence, training, and evaluation, are highlighted.
7. Diabetes

This area looks primarily at the impact of diabetes in the female Aboriginal population. The literature in this area is extensive as the prevalence of diabetes mellitus amongst the Aboriginal populations within Canada is significantly greater than among the general population (Bruce, 2000). The focus in the literature has been primarily on First Nations groups within Canada and excludes the experience of Inuit and Métis. Diabetes is not yet an important health problem among the Inuit, although some authors (Bruce, 2000) have noted the situation may change (Young, Reading, Elias & O’Neil, 2000). Little data are available for Métis women specifically, although they indicate that this group is at an increased risk relative to the overall Canadian population (Bruce, 2000). Also this section does not review the massive literature on Native American women in the United States.

It is widely recognized that type 2 diabetes mellitus has become a serious health problem among many Aboriginal populations in North America (Young, et al. 2000; and Hegele, Cao, Harris, Zinman, Hanley & Anderson, 2000). The “thrifty genotype” is often invoked to explain why diabetes is so prevalent today in many Aboriginal populations. In times of food shortage, it enables the rapid production of insulin in response to rising blood glucose levels, which facilitates the storage of glucose in the form of triglycerides in fat cells. With the assurance of a continuous and ample food supply, the quick insulin trigger results in hyper-insulinemia, hyperglycemia, obesity and diabetes. Critics of the theory note that it assumes a nutritional environment in which carbohydrate intake exceeds daily energy requirements. The early occupants of North America lived in an arctic or sub-arctic environment on a protein- and fat-based diet with little carbohydrates. Critics of the theory note that it assumes a nutritional environment in which carbohydrate intake exceeds daily energy requirements. The early occupants of North America lived in an arctic or sub-arctic environment on a protein- and fat-based diet with little carbohydrates.

Young, et al. (2000) state that many Aboriginal people consider diabetes an example of “white man’s illness,” a new, introduced disease similar to smallpox and tuberculosis from the past. The adoption of modern foods and the decline of hunting and fishing are widely believed to be the underlying causes of the epidemic. Also, it has been reported that higher rates of diabetes are associated with lower income and socioeconomic status, higher unemployment, poorer environmental quality, and poorer lifestyles among Aboriginal and non-Aboriginal individuals in Manitoba, Canada (Green, Hoppab, Young, & Blanchard, 2003). These findings have led Green et al. (2003) to suggest that diabetes incidence is “tightly embedded within a context of poverty and disempowerment” (p. 558).

A large proportion of the literature on diabetes with respect to Aboriginal women’s health centers on the development of gestational diabetes mellitus (GDM or gestational diabetes) at the pregnancy stage. The onset of gestational diabetes during pregnancy is high in the Aboriginal female population. Gestational diabetes is a temporary condition and in most cases goes away after the pregnancy (Kelly & Booth, 2004). But even if gestational diabetes goes away after pregnancy, the risk to Aboriginal women and their offspring of getting diabetes later in life increases substantially (Young, Dean, Flett, & Wood-Steiman, 2000; Hanley, Harris, Gittelsohn, Wolever, Saksvig, & Zinman, 2000; Kelly & Booth, 2004). Mohamed & Dooley (1998) for instance, documented in their study that 70% of the Aboriginal women in the northwestern part of Ontario who had GDM went on to develop non-insulin-dependent diabetes mellitus (NIDDM), or Type 2 Diabetes. Similar results were found with the Oji-Cree women of northern Ontario (Hegele, et al. 2000). Quite a number of studies in the United States on pregnancy risk factors for Native American women in Montana and North Dakota have also come to the same conclusions (e.g. Moum, Holzman, Harwell, Parsons, Adams, Oser, et al., 2004). This same study also stated that the rate of diabetes in pregnancy among Native American women had increased from previous years, indicating that education, screening and follow-up on this specific population was necessary. Women with a history of GDM need careful postpartum screening for glucose intolerance with active outreach, not only to detect diabetes promptly but also to prevent any deterioration of glucose tolerance. It is now obvious that
lifestyle interventions are important for their children as well (Harris, Caulfield, Sugamori, Whalen, & Henning, 1997).

Some of the risk factors for women getting gestational diabetes that have been identified in the research include:

- being overweight (both before and after pregnancy);
- being over 35 years of age at time of pregnancy;
- if family members or first-degree relative (i.e., parents, brothers and sisters) have diabetes;
- if the woman gave birth to larger babies in the past (identified as a “macrosomia” or as having a high birth weight in the literature); and
- if she has high blood pressure or high cholesterol (Harris, et al., 1997; Caulfield, 1998; Rodrigues, 1999; Godwin, Muirhead, Huynah, Helt, & Grimmer, 1999; and Dedyna, 2005).

Another risk factor not in the list above and that is not so prevalent in this body of literature is the lower socioeconomic status of Aboriginal women, especially if they reside on reserve (Gray-Donald, Robinson, Collier, David, Renaud & Rodrigues, 2000). These risk factors are not readily amenable to change especially when looked at from the context of poverty and unemployment (Iwasaki, Barlett, O’Neil & Blanchard, 2005).

Subsequent research by Rodrigues & Robinson (1999) supports the fact that women with gestational diabetes or impaired glucose tolerance tended to be older, have had more pregnancies, weigh more before pregnancy and have heavier babies than those with a normal glycemic status. Macrosomia was found to be elevated among births in the Cree population from the James Bay, Quebec region. Colleagues Rodrigues & Robinson (2000) indicate that this may be due to differential impact and treatment strategies of GDM on macrosomia pregnancies.

Obesity among Aboriginal women is a crucial factor, especially if obesity is a factor when they are young (Hengele, et al., 2000; Hanley, et al., 2000). Several studies have noted a higher rate of obesity among Aboriginal women at all ages (Young, et al., 2000; and Hanley, et al., 2000). Rodrigues & Robinson (1999a) found that overweight Cree women in particular from James Bay, Quebec had a higher risk of developing gestational diabetes than did overweight non-Cree women. Furthermore, later research revealed that gestational diabetes among this group appeared to be twice as high as that of women in the general North American population and the second highest reported in an Aboriginal group worldwide (Rodrigues & Robinson, 1999b).

Research aimed at improving dietary intake during pregnancy, optimizing gestational weight gain, glycemic levels and birth weight, and avoiding unnecessary postpartum weight retention was done by Gray-Donald, et al. (2000), however their intervention had only a minor impact in reducing type 2 diabetes among women who previously had gestational diabetes in pregnancy. Other research that has looked at preventing or at least reducing the impact of gestational diabetes and NIDDM on Aboriginal women has produced a body of literature on the benefits of increasing activity levels in Aboriginal women. Dyck, Sheppard, Cassidy, Chad, Tan & Van Vliet for instance believed that exercise held some promise for reducing the rate of disease among Aboriginal people. They wrote three articles in the years 1998, 1999 and 2000, documenting the feasibility of conducting exercise programs for pregnant Aboriginal women.

Aboriginal women, as all Aboriginal peoples, are therefore at high risk of developing additional health problems related to type 2 diabetes (often called co-morbidity in the literature), such as:

- Hypertension
- Heart disease and stroke
- Eye disease and blindness
- Kidney disease
- Amputation
- Foot ulcers
- Problems with teeth and gums (Dressler, 2004).
The economic burden caused by diabetes and its complications include increased health care utilization, disability, work loss and premature death (Health Canada, 1999a). For example, Saskatchewan’s Aboriginal women were 24 times more likely to be hospitalized due to diabetes in 1996-97 than other women in the province (Saskatchewan Women’s Secretariat, 1999).

Education is the cornerstone of diabetes treatment. Innovative educational programs do exist and can be found in many Aboriginal localities across Canada. These programs have produced manuals, videos, posters and board games, use the local media (community radio, TV, newspapers) extensively, and organize community events such as feasts, school visits, Elders’ teas, etc. However not all individuals with diabetes are benefiting from the educational resources available in diabetes clinics or education centres. Young, Elias, Reading, O’Neil, Leader & McDonald (1998) indicate that young women with diabetes have the lowest participation rate and note that it is not known whether such young women have received care at prenatal clinics if their diabetes is associated with pregnancy (13).

A smaller body of research on diabetes and Aboriginal women which is not epidemiologically based can be found in the works of Dressler (2004) and the First Nations of Quebec and Labrador Health and Social Services Commission (2000). Dressler’s research focuses on the outcomes of a monthly outreach education program for Aboriginal women with diabetes who wanted to learn more about meal planning and diabetes management. The First Nations of Quebec and the Labrador Health and Social Services Commission, with the assistance of Aboriginal women, prepared a manual for women to speak out about life, health and diabetes issues.

Lastly, Iwaski, Bartlett & O’Neil (2004) examined the nature of stress experienced by Aboriginal peoples living with diabetes. In their research with Aboriginal people, specific attention was given to the meanings Aboriginal peoples with diabetes attach to their lived experiences of stress, and the major sources or causes of stress in their lives. Although there appear to be common ideologies, shared histories, perceptions of illness and health, and specific health-related issues that constitute an Aboriginal viewpoint, Iwaski, et al., stressed the importance of recognizing that there is diversity in the Aboriginal groups with respect to cultural differences in language, values, lifestyles, and perspectives. Thus, in Iwaski, et al.’s study, the composition of focus groups participants represented two of the major Aboriginal groups in Canada—First Nations and Métis people. Furthermore, it has been suggested that it is important to recognize gender issues within a multicultural context in Aboriginal research. Consequently, there is a need to identify stress and traumatic factors unique to Aboriginal women, in comparison to their male counterparts. One source of stress unique to Aboriginal women in comparison to males may be that these women must fulfill multiple social roles, including responsibility for child and elder care and household work. According to Iwasaki, et al., (2004) in describing ethnic minority women’s health from a cultural perspective, key ‘crosscutting factors’ are that ‘these women are often the sole support of families with a poverty-level income’ and that they have ‘the potential for increased exposure to sexism and racism in society’. Therefore, gender, ethnicity, and poverty ‘place minority women at “triple jeopardy” when it comes to health status’ (Demas, 1993).

Iwaski, et al., (2004, 2005) identified a number of key common concerns expressed by the individuals who participated in their study that went beyond health-related concerns but pointed to stress with living in marginalized economic conditions (e.g. poverty, unemployment); trauma and violence (e.g. abuse, murder, suicide, missing children, bereavement); and cultural, historical, and political aspects linked to the identity of being Aboriginal (e.g. ‘deep-rooted racism’, identity problems). Iwaski, et al., note that these themes are intertwined and not mutually exclusive. This research is important to understanding the stress experienced by Aboriginal women and men with diabetes and has important implications for policy and programme
planning to help eliminate or reduce at-risk stress factors, prevent stress-related illnesses and enhance their health and life quality (Iwasaki, et al., 2004, 2005).

Until Iwasaki, et al.’s research, very little was known about the specific, stressful, and/or even the traumatic aspects of living with diabetes among Aboriginal peoples, or the gender-specific implications of diabetes, as well as about how broader contextual factors (i.e. social, economic, cultural, historical, and political) are implicated in these stressors/traumas. Consequently, an important research agenda is to holistically identify the sources of stress and trauma that are implicated in the incidence of diabetes among the different Aboriginal female populations. More research of this kind would be useful to the average individual.

The majority of the research done to date on diabetes has focused primarily on the experiences of First Nations women, especially in the James Bay Cree community in northern Quebec. Additional research needs to be done to determine the risk factors for other Aboriginal women across Canada, especially among non-status Aboriginal, Inuit and Métis women and the prevalence of the disease among urban Aboriginal women. Research specific to diabetes and its rate of prevalence in other Aboriginal female populations may well exist but may be buried in the extensive gender-neutral research that currently exists in abundance.

The list below contains an alphabetically arranged annotated bibliography on Aboriginal women and Diabetes. As noted in other sections, and due to the medical complexity of the research, original journal abstracts for the most part were relied upon in compiling the material for this section.

Bibliography of Resources


Abstract: Bruce examines the impact of diabetes mellitus on the lives of the Métis of western Canada, and tries to determine the extent of co-morbidity among Métis with diabetes by looking at the data from the Aboriginal Peoples Survey conducted by Statistics Canada in 1991. The survey was administered to a representative sample of Aboriginal peoples throughout Canada. Analysis was completed on self-identified Métis participants from the Canadian Provinces of Manitoba, Saskatchewan and Alberta. Métis participants with diabetes were more likely than those without diabetes to report their health status as poor. Significantly greater numbers of Métis with diabetes reported activity limitations at work, at home and in leisure activities, the need for assistance with activities of daily living and difficulties with ambulation than did those without diabetes. The extent of co-morbidity was also significant. Métis with diabetes were almost three times more likely to report hypertension and heart problems and twice more likely to report sight impairments than were those without diabetes. This research represents the first account of the effects of diabetes on the lives of the Métis. The APS data have provided a clear picture of the impairments in physical functioning experienced by the Métis with diabetes and the impact upon their quality of life. In addition, the strong associations between diabetes and hypertension, heart problems and sight impairments suggest profound morbidity in this population that warrants prompt attention (Journal Abstract).


Keywords: Canada/Cree Nation/ Culture/ Diabetes/Manitoba/Medicine/Research

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Keywords: Canada/Canadian Women/ Diabetes/Health

Abstract: Multivariate methods were used to identify risk factors for macrosomia (birth weight > 4,000 g) among 741 singleton births to Native Canadian women from Sioux Lookout Zone, Ontario, Canada, in 1990-1993. The average birth weight was 3,691 +/- 577 g, and 29.2% of infants weighed more than 4,000 g at birth. Macrosomic infants were born at later gestational ages and were more likely to be male. Women delivering macrosomic infants were taller, entered pregnancy with higher body mass indexes (BMI) and gained more weight during pregnancy, but were less likely to smoke cigarettes. They were more likely to have previously delivered a macrosomic infant and to have had gestational diabetes mellitus (GDM). Risk of macrosomia was associated with maternal glycemic status; women with pre-existing diabetes were at greatest risk, followed by those with GDM A2 (fasting glucose > or = 6 mmol/l), Women with GDM A1 (fasting glucose < 6 mmol/l) were not at increased risk for delivering a macrosomic infant, but glucose-tolerant women with high glucose concentrations one hour after the 50 g challenge were at somewhat increased risk. Maternal glycemic status and maternal nutritional status before and during pregnancy are important determinants of macrosomia in this Native population (Journal Abstract).


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/Basic Physical Needs/ Canada/Canadian Women/ Manitoba

Abstract: Maternal serum alpha-fetoprotein (MSAFP) levels in 529 non-diabetic Aboriginal Canadian women were compared with levels in 13,285 non-diabetic non-Aboriginal women.
A woman was considered to be Aboriginal if she was listed on the Indian Registry of Canada. After controlling for the gestational age on the date at which the sample was drawn and for maternal weight, MSAFP levels appeared to be approximately 4 to 5% higher in Aboriginal women. The possible implications of this finding on an MSAFP screening program are discussed (Journal Abstract).


Keywords: Diabetes/Education/ Health/Health Beliefs

Abstract: Diabetes education programs designed for non-Natives have not always been overly effective in the Canadian Aboriginal population. Several studies have shown that illness education programs must be culturally relevant to the participants. The objective of this study was to assess the health beliefs of two Ontario First Nations populations towards Type II diabetes. Thirty-five adults from two reserves were asked open-ended questions based on the Health Belief Model (HBM) about significant experiences dealing with diabetes and the incidents recounted were analyzed using Strauss and Corbin’s grounded theory approach. All the Natives interviewed expressed the belief that the increased prevalence of diabetes on their reserves was related to the loss of traditional lifestyle. The role of family caregiver was believed to strongly influence adherence with nutritional therapy. Adherence with glucose-lowering medication was reportedly enhanced if it relieved physical symptoms. Blood glucose self-monitoring was used mostly to investigate symptoms rather than on a routine basis. Subjects were less likely to attend diabetes education programs if they had a strong faith in the competence of their physician. Social relationships and physical factors impacted adherence with components of the diabetes management regimen. Chi-square analysis found no differences in beliefs between Natives living on the urban and the remote reserve studied. In addition, no differences were seen between younger adults (20 to 60 years) and older adults (over 60 years) living with diabetes, or between men and women (Journal Abstract).


Keywords: Aboriginal Women/ Diabetes/Health/ Manitoba/Pregnancy/Prevention/women

Abstract: Developing diabetes during pregnancy is bad news for mothers and their babies. Even though almost all cases of gestational diabetes disappear after childbirth, babies born to these mothers are five times more likely to develop full-fledged diabetes in adulthood. Moreover, 70 per cent of the mothers will also end up with diabetes and its fearsome risk of complications such as blindness and amputation.

That makes gestational diabetes a major health issue for Aboriginal women who face far greater risk of developing gestational diabetes than the average Canadian mother. Women with diabetes in their immediate family, those who have had gestational diabetes before, and women who have borne babies with birth defects or a weight of more than four kilos are considered most at risk. Maternal obesity is also a factor, but McKinney doesn’t want to focus on the body-mass index as the key to prevention.


Available Online: http://tinyurl.com/4uo5o

Keywords: Aboriginal Women/ Diabetes/ Education/Health/Research/Well-being

Abstract: Compared to other Canadians, Aboriginal people suffer disproportionately from manageable Type 2 diabetes and its complications. In an attempt to help better manage the disease, the West Side Community Clinic launched a monthly outreach education program for Aboriginal people with diabetes using an informal hands-on approach to learning about meal planning and looking at other forms of diabetes management. The purpose of this qualitative research project is to determine the impact that participants perceive the program has had on their health and well-being through group and individual interviews. Preliminary results reveal that the program’s impact on participants’ health and well-being is embedded within the context of their lives. Possible outcome indicators for the program are suggested (Author Abstract).


Keywords: Aboriginal Peoples/ Disabilities

Abstract: Aboriginal people with disabilities are caught in a public policy vacuum with little hope for amelioration. Aboriginal persons are individuals who identify themselves as having indigenous or North American Indian ancestry and may or may not have status under the federal Indian Act (1876). If they hold “status” as “First Nations” people they may be living on reserve or off reserve in an urban community. In recent years, Canadian Aboriginal peoples have been assuming greater control over
social services programs, including disability services in their communities, and some organizations have been providing important services to persons of Aboriginal ancestry in urban communities. However, little is known about Aboriginal persons who have a disability and are living in urban communities (Durst and Bluechardt, 2001).


Keywords: Aboriginal Peoples/ Diabetes/Diet/ Health

Abstract: Rates of diabetes and its complications have reached epidemic proportions among North American Aboriginal peoples. This appears largely due to changes in diet and activity levels associated with a shift away from traditional lifestyles. Since exercise has been shown to be effective in preventing non-insulin-dependent diabetes mellitus (NIDDM), Aboriginal communities may be able to reduce their rates of the disease by incorporating exercise programs into their public health programs. We describe a pilot project in Saskatoon, Saskatchewan, whose ultimate purpose is to evaluate the effect of exercise in preventing gestational diabetes. If successful, this would reduce the risk of developing NIDDM for both women and their offspring (Journal Abstract).


Keywords: Aboriginal Women/ Adequate Income and Sustainable Economies/Basic Physical Needs/ Diabetes/Ethnicity/Health/ History/Prevention/women

Abstract: Objective: To determine possible differences in gestational diabetes mellitus (GDM) between Aboriginal and non-Aboriginal people in the Saskatoon Health District. Research Design and Methods: This was a prospective survey of all women admitted for childbirth to the Saskatoon Royal University Hospital between January and July 1998. We compared prevalence rates, risk factors, and outcomes of GDM between Aboriginal and non-Aboriginal women. Results: Information was obtained from 2,006 women, of whom 252 Aboriginal and 1,360 non-Aboriginal subjects had been tested for GDM. The overall rates of GDM were 3.5% for women in the general population and 11.5% for Aboriginals. For those living within the Saskatoon Health District, GDM rates were 3.7 and 6.4%, respectively. Multivariate analysis demonstrated that Aboriginal ethnicity, most notably when combined with obesity, was an independent predictor for GDM. Pregravid BMI greater than or equal to 27 kg/m(2) and maternal age greater than or equal to 33 years were the most important risk factors for GDM in Aboriginal women, whereas previous GDM, family history of diabetes, and maternal age greater than or equal to 38 years were the strongest predictors for GDM in non-Aboriginal women. Conclusions: There may be fundamental differences in GDM between Aboriginal and non-Aboriginal people. Because GDM contributes to an increased risk for type 2 diabetes in Aboriginal women and their offspring, the impact of prevention and optimal treatment of GDM on the type 2 diabetes epidemic in susceptible populations are important areas for further investigation (Journal Abstract).


Keywords: Aboriginal Women/ Diabetes

Abstract: Hypothesis: An exercise program initiated in early pregnancy may prevent gestational diabetes among Aboriginal women and thereby reduce rates of type 2 diabetes mellitus in their offspring. Objective: To determine the feasibility of conducting an exercise program for pregnant Aboriginal women with previous gestational diabetes. Method: Over two years, we attempted to recruit project-eligible women to participate in up to three exercise sessions per week, initiated before gestational diabetes recurred and continued until late pregnancy. Results: Referral rates were poor, but recruitment rates were excellent; seven of eight referred women entered the study. Participation rates were over 40% in five women, and all women consistently reached at least 80% of target heart rates; there were no maternal/fetal adverse effects; three women did not develop recurrent gestational diabetes. Conclusions: We have demonstrated the feasibility of conducting a controlled study to determine if physical activity can prevent gestational diabetes among Aboriginal women. If so, exercise programs could reduce rates of type 2 diabetes in succeeding generations (Journal Abstract).


Keywords: Diabetes/Health/Medicine

Abstract: Objective: To determine possible differences in gestational diabetes mellitus (GDM) between Aboriginal and non-Aboriginal people in the Saskatoon Health District. Research Design and Methods: This was a prospective survey of all women admitted for childbirth to the Saskatoon Royal University Hospital between January and July 1998. We compared prevalence rates, risk factors, and outcomes of GDM between Aboriginal and non-Aboriginal women. Results: Information was obtained from 2,006 women, of whom 252 Aboriginal and 1,360 non-Aboriginal subjects had been tested for GDM. The overall rates of GDM were 3.5% for women in the general population and 11.5% for Aboriginals. For those living within the Saskatoon Health District, GDM rates were 3.7 and 6.4%, respectively. Multivariate analysis demonstrated that Aboriginal ethnicity, most notably when combined with obesity, was an independent predictor for GDM. Pregravid BMI greater than or equal to 27 kg/m(2) and maternal age greater than or equal to 33 years were the most important risk factors for GDM in Aboriginal women, whereas previous GDM, family history of diabetes, and maternal age greater than or equal to 38 years were the strongest predictors for GDM in non-Aboriginal women. Conclusions: There may be fundamental differences in GDM between Aboriginal and non-Aboriginal people. Because GDM contributes to an increased risk for type 2 diabetes in Aboriginal women and their offspring, the impact of prevention and optimal treatment of GDM on the type 2 diabetes epidemic in susceptible populations are important areas for further investigation (Journal Abstract).
Abstract: BACKGROUND: Intrauterine factors have been implicated in the pathogenesis of Type 2 diabetes mellitus (T2DM). METHODS: In a 1:1 matched pairs case-control study, high and low birth weight (HBW, LBW) rates in Saskatchewan Registered Indian (RI) diabetic cases were compared with corresponding rates in RI without diabetes, and non-RI people with and without diabetes. RESULTS: Birth weights were available for 73% of the 1,366 cases and 3 x 1,366 controls. A greater proportion of RI diabetics were born with HBW (>4,000 grams) compared to RI non-diabetics (16.2% vs 10.7%; p < 0.01). There was a significant association between HBW (but not LBW [<2,500 grams]) and diabetes for RI people (OR 1.63 [95% CI 1.20, 2.24]), which was stronger for RI females and strengthened progressively from mid to late 20th century. INTERPRETATION: Certain causes of HBW may predispose to subsequent development of T2DM in Canadian Aboriginal people (“hefty fetal phenotype” “hefty fetal type”) hypothesis. Programs that optimize healthy pregnancies could reduce T2DM incidence in future generations (Journal Abstract).


Keywords: Canada/Critical Learning Opportunities/Diabetes/First Nations/Health/ Women’s Health

Abstract: This project is an initiative of the First Nations of Quebec and Labrador Health and Social Services Commission. Partially funded by Health Canada. Also available in French under the title: Paroles et pouvoir de femmes des Premières Nations -- Manuel pour une prise de parole sur la vie, la santé... le diabète.


Keywords Canada/Diabetes/History/ Medicine

Abstract: Background: Although high rates of gestational diabetes mellitus have been documented in Native populations, few studies have examined rates of the disease among Native Indians in Canada. The authors conducted a study to estimate the prevalence of gestational diabetes among Swampy Creek women, to identify factors predictive of the occurrence of gestational diabetes, and to identify delivery and infant outcomes related to the presence of the disease. Methods: Information on Swampy Creek women who gave birth at Weeneebayko Hospital, Moose Factory, James Bay, Ont., between 1987 and 1995 was obtained from medical charts. Patients with and without gestational diabetes were compared. Logistic regression analysis was used to identify independent predictors of gestational diabetes. Delivery and infant outcomes that occurred secondary to gestational diabetes were also identified by means of logistic regression. Results: A total of 1,401 deliveries occurred at Weeneebayko Hospital over the study period, of which 1,298 were included in the study. Gestational diabetes was diagnosed in 110 (8.5% [95% confidence interval (CI) 6.9%-9.9%]) of the 1,298 pregnancies. Factors predictive of gestational diabetes were age 35 years or more (relative risk [RR] 4.1, 95% CI 1.5-11.7), a history of gestational diabetes in a previous pregnancy (RR 6.4, 95% CI 3.5-11.7), diastolic blood pressure of 80 mm Hg or higher at the first prenatal visit (RR 1.7, 95% CI 1.1-2.8), weight greater than 80 kg at the first prenatal visit (RR 4.9, 95% CI 1.8-12.9) and having a first-degree relative with diabetes (RR 3.0, 95% CI 1.4-6.1). The only delivery outcome independently associated with the presence of gestational diabetes was an increased likelihood of needing assisted delivery (forceps or vacuum extraction) (RR 2.8, 95% CI 1.1-7.0). Shoulder dystocia was indirectly associated with gestational diabetes owing to increased infant birth weight. Infant outcomes associated with the presence of gestational diabetes were birth weight greater than 4,500 g (RR 2.4, 95% CI 1.4-3.8), hyperbilirubinemia (RR 2.9, 95% CI 1.4-6.1), hypoglycemia (RR 7.3, 95% CI 3.7-14.4) and hypocalcemia (RR 8.9, 95% CI 2.3-33.7). Interpretation: Gestational diabetes occurred in a significant minority of Swampy Creek women and was associated with a number of adverse outcomes (Journal Abstract).


Available Online: http://www.cmaj.ca/cgi/content/abstract/163/10/1247

Keywords: Basic Physical Needs/Diabetes/Diet/ women

Abstract: Background: A high prevalence of gestational diabetes mellitus and type 2 diabetes has been observed among the Cree of James Bay, Quebec. To address this problem, a diet and activity intervention during pregnancy, which was based on social learning theory, was initiated in four Cree communities. Methods: A prospective intervention compared dietary, weight and glycemic indicators for 107 control subjects and for 112 women who
received the intervention during the course of their pregnancy. A control period in four communities (July 1995-March 1996) was followed by an intervention period (April 1996-January 1997) when subjects were offered regular, individual diet counselling, physical activity sessions and other activities related to nutrition. Results: The intervention and control groups did not differ at baseline regarding their mean age (24.3 years [SD 6.29] v. 23.8 years [SD 5.86]), mean pre-pregnancy weight (81.0 kg [SD 19.46] v. 78.9 kg [SD 17.54]) and mean gestational age at recruitment (17.1 weeks [SD 7.06] v. 18.5 weeks [SD 6.92]). The intervention did not result in differences in diet measured at 24-30 weeks’ gestation, rate of weight gain over the second half of pregnancy (0.53 kg per week [SD 0.32] v. 0.53 kg per week [SD 0.27]) or plasma glucose level (50 g oral glucose screen) between 24 and 30 weeks (7.21 mmol/L [SD 2.09] v. 7.43 mmol/L [SD 2.10]). Mean birth weights were similar (3741 g [SD 523] v. 3686 g [SD 686]), as was maternal weight at six weeks postpartum (88.1 kg [SD 16.8] v. 86.4 kg [SD 19.0]). The only changes in dietary intake were a reduction in caffeine (pregnancy) and an increase in folate (postpartum). Interpretation: This intervention had only a minor impact on diet: finding ways of encouraging appropriate body weight and activity levels remains a challenge (Journal Abstract).


Keywords: Canada/Diabetes

Abstract: Objective: To better understand the relationship between leptin and the anthropometric and physiological variables associated with diabetes, we measured this protein in an isolated Canadian Aboriginal population with very high rates of NIDDM. Research Design and Methods: There were 728 individuals aged 10-79 years who participated in a population-based survey to determine the prevalence of NIDDM and its associated risk factors. Fasting blood samples for glucose, insulin, triglyceride, and leptin were collected; a 75-g oral glucose tolerance test was administered and a second blood sample drawn after 120 min. Height, weight, and waist and hip circumference were determined, and percentage of body fat was estimated using biological impedance analysis. Fitness level was assessed in a sub-sample of individuals using a validated sub-maximal step test. The relationship between serum leptin and the other variables was assessed using Spearman’s correlation coefficients and multiple linear regression. Results: Serum leptin concentration was strongly correlated with adiposity, and levels were substantially higher in female subjects in all age groups. For male subjects, percentage of body fat, fasting insulin level, and waist circumference were significant independent predictors of log serum leptin concentration in a multiple linear regression model (R2 = 0.582). For female subjects, these variables plus glucose tolerance status were included in the final model (R2 = 0.633). Fitness level, when included with the main effects of the above models, was a significant predictor for male subjects only. Conclusions: In an isolated Aboriginal community with high rates of diabetes, we found significant independent relationships between leptin and percentage of body fat and between leptin and fasting insulin. As documented in other populations, the higher leptin concentration among female subjects may reflect differential leptin production from different adipose tissue beds, or leptin resistance. Independent relationships also existed among leptin and glucose tolerance status in female subjects and fitness level in male subjects (Journal Abstract).


Keywords: Aboriginal Women/Basic Physical Needs/Canada/ Diabetes/Prevention

Abstract: Objective: The purpose of this study was to determine the prevalence of diabetes in pregnancy (gestational diabetes mellitus [GDM] and NIDDM) and to identify risk factors in the development of GDM in a Native population in northwestern Ontario, Canada. Research Design and Methods: A retrospective analysis of 1,305 singleton deliveries among Ojibwa-Cree women from northwestern Ontario, Canada, was conducted from 1990 to 1993 inclusive. GDM was diagnosed using a three-hour oral glucose tolerance test (OGTT) and defined according to standard guidelines. Results: The overall prevalence of diabetes in pregnancy (NIDDM and GDM) was 11.6% (152 of 1,305) with a GDM prevalence of 8.4% (110 of 1,305). Among 741 women with complete data, prevalence rates increased with age, peaking at 46.9% in the age group > or = 35 years. Significant risk factors for GDM included older maternal age, multiparity, pre-pregnancy obesity, a family history of diabetes, and a history of GDM in previous pregnancies. Conclusions: Diabetes in pregnancy among Ojibwa-Cree reported here represents the highest rates reported to date in a Canadian population. The high rates of maternal obesity and relative young age of this population further highlight the urgent need for diabetes screening and prevention in this population (Journal Abstract).

among Aboriginal peoples with diabetes, which is presented as a dynamic system in which the five specific themes of coping/healing. This emergent model of stress-coping and healing that underlie and further describe the above three overarching themes emerged from the data. These include: (a) interdependence/connectedness, (b) spirituality/transcendence, (c) enculturation/facilitation of Aboriginal cultural identity, (d) self-control/self-determination/self-expression, and (e) the role of leisure as a means of coping with stress and healing from or coping with the experience of stress and trauma; (2) healing must be accomplished holistically by maintaining balance or harmony among mind, body, and spirit; and (3) effective ways of coping with stress and healing from trauma potentially promote positive transformations for Aboriginal peoples and communities at both individual and collective levels. Also, sub-themes of stress-coping and healing that underlie and further describe the above three overarching themes emerged from the data. These include: (a) interdependence/connectedness, (b) spirituality/transcendence, (c) enculturation/facilitation of Aboriginal cultural identity, (d) self-control/self-determination/self-expression, and (e) the role of leisure as a means of coping with stress and healing from trauma. Accordingly, our deeper analyses resulted in the development of an emergent model of stress-coping and healing among Aboriginal peoples with diabetes, which is presented as a dynamic system in which the three overarching themes are embedded in the five specific themes of coping/healing. This evidence-based emergent model appears to provide some important insights into health policy and program planning for Aboriginal women and men with diabetes.
peoples with diabetes and their communities (Journal Abstract).


Available Online: http://policyresearch.gc.ca/doclib/AboriginalBook_e.pdf

Keywords: Aboriginal Peoples/ Aboriginal Women/Diabetes/First Nations/Health/Montreal

Abstract: This article is based on a case study of ten Aboriginal women living in Montreal (eight were First Nations and two were Inuit) under conditions that fall within a theoretical framework of exclusion and marginalization. The primary purpose of the article is on the process of exclusion and marginalization experienced by these women who had temporarily or permanently migrated to Montreal, using a life narratives methodology. The living conditions of the women at the time of the study revealed that they had children placed in care, were receiving income security payments, were dependent on drugs and alcohol at some point in their lives and three indicated that they had health problems such as diabetes, anemia and HIV. The article discusses the migration patterns and the lure of Montreal on the lives of these women and the resulting processes of marginalization faced by each one.


Available Online: http://www.biomedcentral.com/content/pdf/1472-6874-4-S1-S16.pdf

Keywords: Canada/Canadian Women/ Diabetes/Health/Health Care/Well-being

Abstract: Diabetes mellitus (DM) is a chronic health condition affecting 4.8% of Canadian adults >/= 20 years of age. The prevalence increases with age. According to the National Diabetes Surveillance System (NDSS) (1998-1999), approximately 12% of Canadians aged 60-74 years are affected. One-third of cases may remain undiagnosed. The projected increase in DM prevalence largely results from rising rates of obesity and inactivity.

Key Findings: DM in Canada appears to be more common among men than women. However, among Aboriginal Canadians, two-thirds of affected individuals are women. Although obesity is more prevalent among men than women (35% vs. 27%), the DM risk associated with obesity is greater for women. Socioeconomic status is inversely related to DM prevalence but the income-related disparities are greater among women. Polycystic ovarian syndrome affects 5-7% of reproductive age women and doubles their risk for DM. Women with gestational diabetes frequently develop DM over the next 10 years. Data Gaps and Recommendations: Studies of at-risk ethnic/racial groups and women with gestational diabetes are needed. Age and culturally sensitive programs need to be developed and evaluated. Studies of low-income diabetic women are required before determining potential interventions. Lifestyle programs in schools and workplaces are needed to promote well-being and combat obesity/inactivity, together with lobbying of the food industry for needed changes. High depression rates among diabetic women influence self-care ability and health care expenditures. Health professionals need further training in the use of effective counseling skills that will assist people with DM to make and maintain difficult behavioural changes (Journal Abstract).


Keywords: Diabetes/Health/Medicine

Abstract: Objective: To describe perinatal outcomes and maternal characteristics among American Indian/Alaska Native (AI/AN) women with diabetes in pregnancy.

Study Design: A retrospective analysis of live births to AI/AN, African-American and white women with diabetes (242,715) during pregnancy for the 1989-1991 period (latest available at the time of study) was conducted utilizing a linked birth/infant death database from the National Center for Health Statistics. AI/AN perinatal outcomes and maternal characteristics were compared to those of African-American and white women. Similar analyses compared urban and rural AI/AN populations. Results: AI/AN women were more likely than white women to receive inadequate prenatal care (10.4%), to have higher rates of pregnancy-induced hypertension (9.1%) and to have significantly lower rates of primary cesarean delivery (16.9% vs. 22.3%). The rate of macrosomia among births to AI/AN women (24.2%) was notably higher as compared to that in the white population (17.9%). Rates of musculoskeletal and chromosomal anomalies were also higher among AI/AN women, nine and four, respectively, per 1,000 live births, as compared to six and two per 1,000 for the white population. Conclusion: Multiple maternal risk factors and birth outcomes demonstrate the need for further research to evaluate methods of improving care in this population (Journal Abstract).

Abstract: Objectives: To determine (1) the risk of development of non-insulin-dependent diabetes mellitus (NIDDM) in women with a previous history of gestational diabetes mellitus (GDM), (2) the average duration between diagnoses of GDM and NIDDM, (3) various modes of presentation, and (4) adequacy of follow-up post diagnosis of GDM. Methods: A retrospective chart review of women diagnosed with GDM in the Sioux Lookout Zone between 1985 and 1995. There were 4,211 pregnancies and 332 women with a diagnosis of GDM. Sixty-one charts were randomly selected. Both GDM and NIDDM were defined according to World Health Organization standards. Results: Seventy per cent of the women with GDM went on to develop NIDDM. The average duration between diagnosis of GDM and diagnosis of NIDDM was three years. Greater than 70% of the women developed NIDDM within four years post diagnosis of GDM. The majority presented with asymptomatic hyperglycemia (88%); 3% presented with acidosis; 6% presented with symptoms of polydipsia and polyuria; and 3% presented with abnormal weight gain. Specific physician-requested follow-up after six weeks postpartum occurred in only 38% of the cases. However six-week follow-up occurred in 41%, a yearly follow-up occurred in 61% of the women and 81% of the women had some sort of follow-up post diagnosis of GDM. Conclusions: The risk of developing NIDDM after GDM is very high in Aboriginal women of the Sioux Lookout Zone. There is an urgent need for a structured follow-up program for this group of high-risk women. Furthermore, the offspring of these pregnancies should be a focus for follow-up and preventive programs (Journal Abstract).


Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Diabetes/Health/History/Prevention/women

Abstract: The purpose of this study was to assess trends in diabetes in pregnancy in American Indian and white mothers in Montana and North Dakota. Methods: Montana and North Dakota birth records were utilized to assess trends in any diabetes in pregnancy in American Indians and whites from 1989 to 2000. Results: From 1989 through 2000, there were 133,991 and 102,232 births in Montana and North Dakota, respectively. The majority of mothers were American Indian (11%) or white (87%). The rate of any diabetes in pregnancy increased significantly in Montana Indian (3.1-4.1%, p = 0.04) and white mothers (1.8-2.6%, p < 0.001) from 1989-1991 to 1998-2000. The rate also increased significantly in white North Dakota mothers (1.6-3.3%, p < 0.001), but the increase in rate for Indian mothers in North Dakota did not reach statistical significance (3.8-4.8%, p = 0.06) during this time period. In each time period, Montana and North Dakota Indian mothers were more likely than white mothers to have any diabetes in pregnancy. Conclusions: The rate of diabetes in pregnancy has increased in American Indian and white mothers. Thus public health programs are now facing an increasing number of women with a history of GDM at future risk of type 2 diabetes and an increasing number of offspring of diabetic pregnancies at risk for becoming overweight and developing type 2 diabetes at a young age (Journal Abstract).


Keywords: Diabetes/Education/Empowerment/Health/Health Care/Work

Abstract: Providing health care services to Native women has become a challenge owing
Annotated Overview of Research on Aboriginal Women, Health and Healing

explored

The mechanisms for this discrepancy should be

than among women of other ethnic origins.

was higher among women of First Nations origin

associated risk of NTD-affected pregnancies

OR 0.1, 95% CI 0.02-0.9). Interpretation: The

of “other” ethnic origin [n = 10,009]: adjusted

966]: adjusted OR 0.6, 95% CI 0.3-1.1; women

other ethnic origins were not at increased

confidence interval [CI] 2.1-12.9). Women of

pregnancy (adjusted odds ratio [OR] 5.2, 95%

increased associated risk of an NTD-affected

MSS, with white ethnicity as the referent. Results:

across the five broad ethnic groups used for

recorded in a standardized fashion on the

of pregestational diabetes mellitus were

educational while creating an atmosphere of

issues through traditional activities, enhancing

to deal with the challenge of mental health and health

their physical and spiritual health and receiving

An integrated health care model is discussed that

Gathering together to support each other has

been a traditional custom for Native women. An

opportunities to deal with the challenge of mental health and health

and mental health practitioners is needed.

and postnatally by considering all live and

antenatally by ultrasonography or fetal autopsy

MSS requisition sheet. NTDs were detected

of pregestational diabetes mellitus were

understood, however. Methods: We performed

a retrospective population-based study and

included all women in Ontario who underwent

antenatal maternal screening (MSS) at 15
to 20 weeks’ gestation between 1994 and late 2000. Self-declared maternal date of birth, ethnicity and weight and the presence of pregestational diabetes mellitus were recorded in a standardized fashion on the MSS requisition sheet. NTDs were detected antenatally by ultrasonography or fetal autopsy and postnatally by considering all live and stillborn affected infants beyond 20 weeks’ gestation. The risk of open NTD was evaluated across the five broad ethnic groups used for MSS, with white ethnicity as the referent. Results: Compared with white women (n = 290,799),

women of First Nations origin (n = 1551) were at

increased associated risk of an NTD-affected pregnancy [adjusted odds ratio [OR] 5.2, 95% confidence interval [CI] 2.1-12.9]. Women of other ethnic origins were not at increased associated risk compared with white women (women of Asian origin [n = 75,590]: adjusted OR 0.9, 95% CI 0.6-1.3; black women [n = 25,966]: adjusted OR 0.6, 95% CI 0.3-1.1; women of “other” ethnic origin [n = 10,009]: adjusted OR 0.1, 95% CI 0.02-0.9). Interpretation: The associated risk of NTD-affected pregnancies was higher among women of First Nations origin than among women of other ethnic origins. The mechanisms for this discrepancy should be explored.


Available Online: http://www.cmaj.ca/cgi/content/abstract/171/4/343

Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Diabetes/Ethnicity

Abstract: Background: Maternal body mass and the presence of diabetes mellitus are probable risk factors for neural tube defects (NTDs). The association between maternal ethnicity and the risk of NTDs remains poorly understood, however. Methods: We performed a retrospective population-based study and included all women in Ontario who underwent antenatal maternal screening (MSS) at 15 to 20 weeks’ gestation between 1994 and late 2000. Self-declared maternal date of birth, ethnicity and weight and the presence of pregestational diabetes mellitus were recorded in a standardized fashion on the MSS requisition sheet. NTDs were detected antenatally by ultrasonography or fetal autopsy and postnatally by considering all live and stillborn affected infants beyond 20 weeks’ gestation. The risk of open NTD was evaluated across the five broad ethnic groups used for MSS, with white ethnicity as the referent. Results: Compared with white women (n = 290,799),

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Keywords: Canada/Diabetes/Ethnicity/Montreal

Abstract: Background: The James Bay Cree of Canada have one of the highest recorded rates of gestational diabetes mellitus (GDM) among Aboriginal people worldwide; the reasons for this elevated risk remain to be documented. Objective: Our objective was to compare predictors and risk of GDM between the James Bay Cree and non-Native Canadians. Design: Risk for GDM was compared between Cree and non-Native women by 1) adjusting statistically for differences in age, parity, pregravid weight, and smoking status (n = 402 Cree, 7,718 non-Natives), and 2) matching Cree women with non-Native women for age and pregravid weight (n = 394 Cree, 788 non-Natives). Dietary and physical activity information was available for a subset of Cree women (n = 152). RESULTS: Age and pregravid weight were independent predictors of GDM in both Cree and non-Native women. After these predictors were controlled for, normal-weight (<77 kg) Cree women were not at increased risk of GDM (OR: 1.42; 95% CI: 0.67, 2.71) but overweight Cree women had a higher risk than did overweight non-Native women (OR: 2.25; 95% CI: 1.32, 3.80). Conclusion: Overweight Cree women are at increased risk of GDM. Given the high prevalence of pregravid overweight among the Cree, the burden of GDM is higher than among non-Native Canadians (Journal Abstract).


Available Online: http://www.cmaj.ca/cgi/content/abstract/160/9/1293

Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Canada/Diabetes

Abstract: Background: The prevalence of gestational diabetes mellitus has been reported to vary widely in Aboriginal populations. Most of the data have come from the United States. To help determine the extent of gestational diabetes in Canada’s Aboriginal population, the authors assessed the prevalence in a population of Cree women in northern Quebec. Methods: A cross-sectional study was conducted using the National Diabetes Data Group (NDDG) criteria. Information was obtained from patient charts on pregnancies between January 1995 and December 1996 among women residing in nine Cree communities in the eastern James Bay region of


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Abstract: Background: The prevalence of gestational diabetes mellitus has been reported to vary widely in Aboriginal populations. Most of the data have come from the United States. To help determine the extent of gestational diabetes in Canada’s Aboriginal population, the authors assessed the prevalence in a population of Cree women in northern Quebec. Methods: A cross-sectional study was conducted using the National Diabetes Data Group (NDDG) criteria. Information was obtained from patient charts on pregnancies between January 1995 and December 1996 among women residing in nine Cree communities in the eastern James Bay region of
northern Quebec. Women who were not Cree, had pre-existing diabetes, had spontaneous abortion or were receiving glucocorticoid treatment were excluded. Results: Data on 654 pregnancies that met the inclusion criteria were available. Results of the screening oral glucose challenge test were available for 579 of the pregnancies; the remaining 75 were excluded. The mean gestational age at screening was 28.3 (standard deviation 2.6) weeks. The prevalence of gestational diabetes was 12.8% (74/579) (95% confidence interval [CI] 10.1%-15.5%). The prevalence in the inland communities was twice as high as that in the coastal communities (18.0% v. 9.3%, p = 0.002). Women with gestational diabetes or impaired glucose tolerance tended to be older, have had more pregnancies, weigh more before pregnancy and have heavier babies than those with a normal glycemic status. Interpretation: The prevalence of gestational diabetes among James Bay Cree women in northern Quebec is twice as high as that among women in the general North American population and the second highest reported in an Aboriginal group worldwide.


Keywords: Diabetes/Ethnic Groups/ Ethnicity

Abstract: The Cree of James Bay have the highest ever reported mean birth weight and a high prevalence of infant macrosomia. This study was designed to examine independent risk factors for infant macrosomia among the Cree, to compare these to risk factors among non-Native Canadians and to determine if ethnic differences persist after adjusting for differences in the distribution of other risk factors. Macrosomia was defined as birth weight >90(th) percentile for gestational age of a reference population. Independent determinants of macrosomia were examined in 385 Cree and 5,644 non-Native women. The potential effect of ethnicity (Cree vs. non-Native) was determined after statistically adjusting for age, parity, pregravid weight, gestational diabetes mellitus (GDM) and smoking status. The prevalence of macrosomia among the Cree was 34.3% vs. 11.1% among non-Natives. Although GDM significantly increased the risk for macrosomia among the Cree (odds ratio: 4.46, 95% CI: 2.24-9.26), it was not a significant risk factor among non-Natives (odds ratio: 1.15, 95% CI: 0.79-1.65). The risk for infant macrosomia remained elevated among the Cree compared with non-Natives after adjusting for other risk factors (odds ratio: 3.64, 95% CI: 2.69-4.90). In conclusion, the Cree have a high prevalence of macrosomia despite controlling for important differences in pregravid weight and GDM. Some of this variation may be due to genetic differences in fetal growth. The differential impact of GDM on macrosomia in the two ethnic groups may be due to differences in treatment strategies for GDM (Journal Abstract).


Keywords: Diabetes/Ethnicity/women

Abstract: The objectives of this research were to determine the prevalence of gestational diabetes mellitus (GDM) among the Cree of James Bay, identify independent risk factors for GDM and infant macrosomia in this population and compare the risk for GDM and infant macrosomia among Cree with Canadian non-Native women. The prevalence of GDM using the National Diabetes Data Group criteria among the Cree was 12.8% (95% CI: 10.1-15.5), among the highest ever reported for an Aboriginal group. Independent risk factors for GDM among the Cree were advanced age, pregravid overweight and previous GDM. A comparison of risk of GDM between Cree and non-Native women revealed a significant interaction between ethnicity and pregravid weight. Overweight Cree women were at an elevated risk for GDM compared with overweight non-Native women (OR: 2.3, 95% CI: 1.3-3.8), whereas the risk for GDM was not statistically different between normal weight Cree and non-Native women (OR: 1.4, 95% CI: 0.7-2.7) after adjusting for age, parity, and smoking status. Mean birth weight among Cree infants was 3,859 ± 519 g, the highest reported for any ethnic group in the world. Macrosomia prevalence was also high at 34.3%. Independent risk factors for macrosomia among the Cree were advanced age, pregravid overweight and GDM. A significant interaction was noted between ethnicity and GDM on risk for macrosomia. GDM increased the risk for macrosomia 4.5-fold among the Cree but had no significant effect among non-Natives. After adjusting for age, parity, pregravid weight, gestational weight gain, GDM, gestational duration and smoking status, Cree infants remained heavier than non-Native infants by 235 g. The results of this research indicate the need to control pregravid obesity through culturally acceptable dietary modifications and exercise in order to minimize the risk for GDM among Cree women. The significant impact of GDM on risk for macrosomia among the Cree calls for the re-evaluation of the existing treatment strategies for GDM (Author Abstract).


Keywords: Canada/Diabetes/Ethnic Groups/ Health/Montreal

Abstract: The Cree of James Bay have the highest ever reported mean birth weight and a high prevalence of infant macrosomia. This study was designed to examine independent risk factors for infant macrosomia among the Cree, to compare these to risk factors among non-Native Canadians and to determine if ethnic differences persist after adjusting for differences in the distribution of other risk factors. Macrosomia was defined as birth weight >90th percentile for gestational age of a reference population. Independent determinants of macrosomia were examined in 385 Cree and 5,644 non-Native women. The potential effect of ethnicity (Cree vs. non-Native) was determined after statistically adjusting for age, parity, pregravid weight, height, net rate of weight gain, gestational diabetes mellitus (GDM) and smoking status. The prevalence of macrosomia among the Cree was 34.3% vs. 11.1% among non-Natives. Although GDM significantly increased the risk for macrosomia among the Cree (odds ratio: 4.46, 95% CI: 2.24-9.26), it was not a significant risk factor among non-Natives (odds ratio: 1.15, 95% CI: 0.79-1.65). The risk for infant macrosomia remained elevated among the Cree compared with non-Natives after adjusting for other risk factors (odds ratio: 3.64, 95% CI: 2.69-4.90). In conclusion, the Cree have a high prevalence of macrosomia despite controlling for important differences in pregravid weight and GDM. Some of this variation may be due to genetic differences in fetal growth. The differential impact of GDM on macrosomia in the two ethnic groups may be due to differences in treatment strategies for GDM (Journal Abstract).


Keywords: First Nations Women/ Diabetes/Diet

Abstract: In recent decades the prevalence of non-insulin dependent diabetes mellitus (NIDDM) has increased dramatically among many Aboriginal groups. This paper examines nutrient intakes of 110 Plains Cree First Nations adults, with and without diabetes, in central Alberta, from three repeated 24-hour recalls. Vitamin A intakes were also estimated from a vitamin A food frequency questionnaire. Mean intakes per megajoule (MJ) indicated that diets of women with diabetes were lower in fat and sugar and higher in many nutrients, than diets of women without diabetes (P<0.05). Among men, fewer differences between diabetic and control groups were observed. Per cent energy from fat was 36-39% in three of four study groups. Median daily intakes exceeded recommendations for seven nutrients; however, median calcium, zinc, and folate intakes were below recommendations for most study groups. Median intake of vitamin A based on food frequency met the recommended level for three of the four groups, while median vitamin A intake from the repeated 24-hour recalls fell below the recommendation for all four groups. More non-diabetic than diabetic persons were at risk of inadequate intakes of vitamin D, calcium, folate, zinc, and vitamin A. Many First Nations adults in this sample would benefit from lower fat intakes and greater consumption of food rich in the above nutrients (Journal Abstract).


Keywords: Aboriginal Peoples/ Canada/ Diabetes/Education/First Nations/Health/Men/ Prevention/Research/Risk Factors/women

Abstract: This review provides a status report on the epidemic of type 2 diabetes mellitus that is affecting many of Canada’s First Nations. We focus on the published literature; especially reports published in the past two decades, and incorporate data from the Aboriginal Peoples Survey and the First Nations and Inuit Regional Health Survey. We look at the extent and magnitude of the problem for both men and women, the causes and risk factors, primary prevention and screening, clinical care and education, and cultural concepts and traditional knowledge. The epidemic of type 2 diabetes is still on the upswing, with a trend toward earlier age at onset. Genetic-environmental interactions are the likely cause. Scattered intervention projects have been implemented and evaluated, and some show promise. The current health and social repercussions of the disease are considerable, and the long-term outlook remains guarded. A national Aboriginal diabetes strategy is urgently needed (Journal Abstract).


Keywords: Diabetes/Manitoba/women

Abstract: A prospective study was undertaken to determine the prevalence of significant asymptomatic bacteriuria in adult women with diabetes mellitus attending endocrinology clinics at two tertiary care university-affiliated teaching hospitals. In addition, host factors of
the patients were correlated with bacteriuria. The overall prevalence of bacteriuria was 7.9% (85 cases per 1,072 women). Absolute urinary leukocyte (white blood cell) counts were > or \(\geq\) 10/mm3 in 77.6% (66) of the 85 bacteriuric women vs. 23.7% (234) of the 987 nonbacteriuric women \((P < .001)\). Bacteriuric women were significantly more likely than nonbacteriuric women to have non-insulin-dependent diabetes mellitus, longer duration of diabetes, neuropathy, and heart disease. Aboriginals had bacteriuria at a significantly higher prevalence rate than non-Aboriginals (19.7% [15 of 76] vs. 7.0% [70 of 996], respectively; \(P < .0001\)), were more likely to have occult upper urinary tract infection (antibody-coated bacteria positivity: 53% [8 of 15] vs. 20% [10 of 50], respectively; \(P = .016\)), and had significantly lower urinary leukocyte counts, whether they were bacteriuric or not \((P < .05)\). Multivariate analysis identified duration of diabetes and Aboriginal origin as independent risk factors for the presence of bacteriuria (Journal Abstract).
8. Body Image and Diet

The research in this area includes research touching upon issues of diet and eating disorders, obesity, weight gain, and lack of exercise as well as body and weight perspectives, and food procurement by Aboriginal women.

Dietary Intake in Northern Communities

The majority of the research under this theme area focuses on dietary consumption of Aboriginal women and communities in the northern Arctic regions of Canada. Kuhnlein, Soueida, Receveur (1995) focused on food use by age, gender and season in the community of Baffin Island. Traditional foods were still a daily dietary source of energy but the authors noted that younger people in the community tended to eat more market food and less traditional foods in comparison to the elders within their community. Sugar intake is especially high as well as tea and coffee consumption by all age and gender categories according to this study. Similarly, the daily food patterns and nutrient intakes of adults in the Inuit community of Sanikiluaq were examined by Wein, Freeman & Makus (1998). The most frequent Inuit foods Wein, et al. (1998) noted were reindeer, seal and arctic char, while most market foods consumed were tea, sugar and bannock. Arbour, Christensen, Delormier, Platt, Gilfix, Forbes, et al, (2002) conducted research on the impact of low dietary intake of folate (salt) with Aboriginal people in the subarctic region of Eastern James Bay, Quebec.

Other research on dietary intake has been carried out by colleagues Receveur, Boulay & Kuhnlein (1997) who expressed concern at the decrease in traditional food consumption which threatens the current health status of people in the 16 Dene/ Métis communities in the Canadian Arctic. In this population, the shift away from traditional food toward a diet composed of market food resulted in absolute energy intake and an increase in carbohydrates, fat and saturated fat. Research conducted later by Blanchet, Dewailly, Ayotte, Bruneau, Receveur & Holub (2000) supports the results of the earlier study conducted by Receveur, et al (1997). Blanchet, et al. focused their attention on the traditional and market food consumed by 226 Inuit women in Nuavik. Their analysis revealed, among other things, that Inuit women’s nutrient intake showed that the contribution of traditional food was greater in the older group of women than in the younger group of women, who had a greater level of market food consumption. The women in this study also had lower vitamin A and calcium intakes as most of the traditional food had low calcium and vitamin A concentration. Inuit women infrequently consumed market food such as milk, dairy products, and yellow and green vegetables. This study shows that traditional food is still the major source of many nutrients in the Inuit diet of older women.

Gender-specific consumption of food by childbearing Inuit women was the foci of Lawn, Langner, Brule, Thompson, Lawn & Hill’s (1998) dietary study. Country food (or traditional food) was the major source of protein and iron while store-bought foods were the major source of calories, calcium, folacin and vitamin A. The authors also noted that lactating and pregnant Inuit women had low intakes of folacin, calcium and vitamin A and that generally women on social assistance were nutritionally vulnerable. Similar research was carried out in a dissertation published by Smith (2000) who looked at vitamin D deficiencies in children and pregnant women of three northern communities within Manitoba. Rickets and baby-bottle decay were quite high for the women and children in these communities. A lack of vitamin D intake can produce defective teeth (or baby-bottle tooth decay) and rickets, among other effects, which are more prevalent among darker skinned people. A diet adequate in calcium is important for sufficient levels of vitamin D intake. Women’s prenatal dietary reflections were also investigated by Tait Neufield (2003). Her study provides a reflection of young mothers and grandmothers’ beliefs surrounding food during pregnancy in the First Nation community of Peguis, Manitoba. Their reflections center on cultural idea systems.
related to maternal diet, the importance of traditional foods, local food security as well as the extent to which diabetes is a concern to women in the community.

Lawn & Harvey (2001) studied the Food Mail Program by evaluating the food consumption, nutrition, food security, and health of Inuit women aged 15-44 (a nutritionally high-risk group) in Repulse Bay and Pond Inlet. The Food Mail Program, also known as the Northern Air Stage Program, pays part of the cost of shipping nutritious, perishable food by air to isolated communities. In 2003, Lawn & Harvey followed up with similar evaluations of the Food Mail Program with the community of Kugaaruk, Nunavut and then again in 2004 with the Fort Severn First Nation community in Ontario. Because pregnant Aboriginal women constitute a nutritionally high-risk group, the surveys to evaluate the effectiveness of this program were primarily directed at them. All three studies are useful for understanding women’s perceptions about their health by assessing their dietary intake. All the studies conducted by Lawn & Harvey revealed dietary concerns in each of the communities that participated in evaluating the Food Mail Program. For instance, the majority of First Nations women in the 2003 study rated their health as poor. Lawn & Harvey (2003) note that this self-assessment by Aboriginal women was considered six times higher than among women in similar age groups in the Canadian population. These evaluations also highlight extreme concern around the ability of northern populations to afford healthier food. The studies also reveal that the self-rated health of women of childbearing age in Fort Severn had deteriorated and concern over food costs increased as well as the smoking rate among pregnant women. Also, a healthy diet becomes less affordable, particularly for families on social assistance. Similar research on these same factors were done earlier by University of Manitoba researcher Moffat (1989) who focused on the nutritional problems faced by Aboriginal mothers and children on reserve communities in Manitoba.

Body Image, Obesity and Exercise among Aboriginal Women

The World Health Organization reports that overweight and obesity are increasing worldwide at an alarming rate, in both developed and developing countries, and this trend is seen among adults and children alike. Although genetic susceptibility may explain up to 40% of the obesity phenotype, technological, lifestyle and cultural changes over the past 50 years are being implicated as the most likely cause of the recent obesity epidemic. The most important factors associated with increased risk of overweight and obesity is physical inactivity and high-energy, dense diets over the medium or long term. It is becoming increasingly clear that maintenance of a healthy adult weight through proper balance of caloric intake and regular physical activity is a key factor in chronic disease prevention (Bryan & Walsh, 2004). Maintenance of a healthy weight in adulthood may also decrease a woman’s risk of many adverse health outcomes. Bryan & Walsh (2004) indicate that overweight and obesity are associated with an increased risk of type 2 diabetes, coronary heart disease, hypertension, some cancers and premature mortality. Epidemiologic studies have also noted a decreased risk of ischemic stroke, sleep apnea and hypoventilation syndrome, gallbladder disease and osteoarthritis among adults who have undergone weight loss (p.2). Bryan & Walsh also note that the prevalence of both overweight and obese Canadian women has increased 7% since 1985. Obesity they say is highest among women who report low and lower middle incomes and lower levels of education. The implications for Aboriginal women are astounding as Bryan & Walsh’s study puts Aboriginal women at the highest level.

The above facts can no doubt affect Aboriginal women’s perceptions about their current body shapes. A recent on that very topic was discussed by Gittlesohn, Thonrne-Lyman, Hanley, Barnie & Zinman (2005). Their study indicates that First Nations people in particular face increased
obesity-related health problems as outlined by Bryan & Walsh above. Their study examined the body shape perceptions of Ojibway-Cree people in a northern Ontario community. Sixteen per cent of the individuals in that study were satisfied with their current body shape. Those who had a higher Body Mass Index (BMI) were less satisfied with their body and thought that they were less healthy than people with a lower body mass index. Their study also indicates that the females in the community had significantly greater BMI than males in the community. Interestingly enough, older people chose significantly larger healthy body shapes than did younger people. Also, in comparison to other Anglo populations, Ojibway-Cree people tend to prefer larger body shapes. Marchessault (2003) also found this to be true among the Aboriginal women in her study who selected drawings to represent their current shape. Her research revealed that Aboriginal women selected larger drawings than non-Aboriginal women for their desired shape which they felt were most attractive and healthiest for girls. Fleming's (2004) dissertation for her Masters of Science focused on the body-related emotional experiences of young Aboriginal women. Through the use of multiple methods (focus groups, one-on-one interviews, and artwork), Fleming was able to extrapolate from the findings that the young women in her study possess many positive attributes (i.e. confidence, optimism) that are associated with resiliency. In addition, Fleming notes that the body-related emotions as experienced by these young women were very complex and dependent upon specific contexts. Furthermore, Fleming notes that the findings suggest that body-related emotional experiences of young Aboriginal women are not as negative as previous research has led us to believe.

Other research conducted on the issue of body weight among Aboriginal mothers and daughters done by Marchessault (2001) indicates that Aboriginal girls are more at risk for an eating disorder than their non-Aboriginal counterparts. Marchessault stressed that both weight and weight preoccupation needs to be considered in health messages to Aboriginal girls and women living in or close to urban centres (2001). Research on the issue of eating disorders among Aboriginal women has also been noted in research conducted by Geller (1996). She notes that previous research in this area has tended to neglect Native American women. Geller found that a significant correlation between marginalization and bulimic eating disorders among the sample of 79 Manitoba and Ontario Native women who participated in her study.

Other research also indicates that First Nations women have significantly more endomorphic (a body build characterized by relative prominence of the abdomen and other soft body parts developed from embryonic endodermal layers) bodies than Anglo individuals of European ancestry (1999). Unfortunately, Aboriginal women who have a higher BMI or who are characterized as obese are more susceptible to both a higher prevalence and an earlier onset of type 2 diabetes compared to men (Hegele, et al, 2000; and Giuliano, 1995). This was also confirmed for Cree women from the James Bay Cree community, whom Rodrigues & Robinson (1999) state have, among Aboriginal peoples worldwide, one of the highest rates of gestational diabetes mellitus recorded. A similar study looking at the socioeconomic status factors of obesity among Inuit people in the central Canadian Arctic reveals that non-smoking Inuit women with lower levels of educational attainment have various obesity indices in comparison to Inuit men who, conversely, are more highly educated and who smoke (Young, 1996).

Obesity is also equated with a lack of exercise (Klomp & Sheppard, 2003; Hegele, et al., 2000) and appears largely due to changes in diet and activity levels associated with a shift away from traditional lifestyles (Dyck, 1998, 1999, and 2002). Exercise was also found to play a role in the prevention and treatment of gestational diabetes mellitus and to a smaller extend a reduction of obesity among the urban Aboriginal women who participated in a weekly fitness program (Klomp & Sheppard, 2003). Dyck, Sheppard, Cassidy, Chad, Tan, and Van Vliet’s (1999 and 2002) preliminary findings suggest that Aboriginal women who have
higher levels of activity had the lowest prevalence of diabetes mellitus. The research by Dyck, et al. (1999 and 2000) demonstrated that physical activity of pregnant Aboriginal mothers can prevent gestational diabetes among them and that exercise might also be instrumental to reducing Type 2 Diabetes in successive generations. The role of exercise in the life of elders was the focus of McLintock’s (1999) study with Aboriginal Elders in six First Nations communities in Alberta. The Concept of Active Living was introduced in the community to improve the functional independence of the seniors, allowing them to live more independently, be more fully involved in the activities of their communities, and to rebuild their traditional roles as Elders.

Food Security/Procurement

There are relatively few articles that look specifically at food security and food procurement issues for Aboriginal women although much research on this topic could also be found in the literature that looks at the low socioeconomic status of women and the child poverty statistics and research that have been conducted by numerous academics. The socioeconomic status of Aboriginal women significantly impacts Aboriginal women’s perceptions around food security and the procurement of affordable healthy food. Food security and the ability to procure healthy food is a factor for single Aboriginal mothers specifically (Sinclaire, 1997). Food insecurity has both a physical and psychological impact on Aboriginal children and their parents and is directly connected to school performance in Aboriginal children and youth. Food insecurity also has a significant impact on child welfare intervention among Aboriginal families in Ontario as was noted by the Ontario Federation of Indian Friendship Centres (2003) in their report entitled, Child Hunger and Food Insecurity among Urban Aboriginal Families. Sinclaire (1997) stated in her research that it was important to understand Aboriginal women’s food choices because ultimately the dietary practices of a mother affect the health of her children. Her study revealed that in addition to financial insecurity, Aboriginal women experienced unique barriers that were associated with the “obligation” system imbedded in their culture. According to the findings of her study, barriers imbedded in financial insecurity were: geographical distance and the need for improved housing, transportation and child care. The methods exercised by women in this study to obtain more food or money were to use food banks, borrow money, pawn durable goods such as a video cassette recorder, develop credit with a local neighbourhood grocery store and/or receive country foods from family or friends.

For almost every Aboriginal woman who lives in poverty, there are children who also live in poverty. On the fifteenth anniversary of the Canadian Parliament’s vow to end child poverty, Campaign 2000’s Report Card on Child Poverty in Canada for 2004 states that 1,065,000 children (nearly one in six of Canada’s children), still remain in poverty (Campaign 2000 & Hubberstey, 2004). Child and family poverty is worsening with more than one million children living in poverty. Campaign 2000 indicates that child poverty is up for the first time in six years, higher than it was in 1989. This means that approximately one-third of all children in Canada have been exposed to poverty for at least one year since 1996. The poverty rate for couples with children does not appear to have changed, however low income couples with children are still on average below the poverty line. The financial situation of lone-mother families is also worsening. Campaign 2000 indicates that child poverty rates for female lone-parent families rose above 50% for the first time in three years. The gap between the rich and the poor continues with deep inequality entrenched through economic boom. Canada’s top 10% richest families with children had average incomes that were more than 11 times higher than the bottom 10% low income families. Food bank use and social exclusion is worsening, especially the poverty rates for Aboriginal, immigrant and children in visible minority groups – the child poverty rates are more than double the average of all children and the child poverty rate among children with disabilities is at 27.7% (Campaign 2000 et al., 2004). Single Aboriginal mothers with dependent children figure prominently
among this large minority of Canadians experiencing poverty.

More research needs to be continued in terms of eating disorders among Aboriginal girls and women. The psychological impact on mothers who live in poverty and who are expected to ensure they and their families are adequately fed while on a limited income also needs to be further studied.

References cited in this section on body weight and diet issues for Aboriginal women are set out alphabetically below.

Bibliography of Resources


Abstract: Objectives: Inhabitants of the sub-Arctic region of the Eastern James Bay of northern Quebec consume a diet low in folate. This is largely secondary to poor access to plant foods and a preferred diet high in meat, fowl, and fish as in many other northern populations. Furthermore, there is a high frequency of spina bifida in the Cree of the region. It was hypothesized that genetically altered folate metabolism as well as low folate intake contributes to the high frequency of spina bifida in the Cree. Methods: A case control study evaluating folate metabolism and the common 677C-T polymorphism of the gene for methylenetetrahydrofolate reductase (MTHFR) in mothers of children with spina bifida, and controls (n=23) of Cree descent from the Eastern James Bay region. These results were compared to a similar Montreal cohort (n=152) who were not of First Nations descent. Dietary intake of folate of 219 women of the Eastern James Bay region was also determined. RESULTS: No Cree mothers of children with spina bifida were homozygous for the 677C-T polymorphism of MTHFR. Although serum cobalamin was significantly higher in Cree mothers, RBC folate was significantly lower than in the Montreal cohort. In addition, plasma homocysteine was significantly lower in the Cree. Dietary intake of folate of women in the same region was substantially lower (100 microg/day) than widely recommended daily intakes. CONCLUSIONS: In this remote Canadian Aboriginal community there is no evidence of altered folate metabolism in the mothers of children with spina bifida. Nonetheless, it remains essential that culturally appropriate public health efforts be continued to increase the intake of folic acid in the hope of reducing the high frequency of spina bifida in this population (Journal Abstract).


Keywords: Aboriginal Peoples/ Adequate Power/Canada/Culture/ Healing/Justice/Native women/ Offenders/Prevention/Youth

Abstract: Reports on innovations in the administration of justice, social reintegration of offenders, administration of justice alternatives, and in the recovery of damaged communities. Provides descriptions of programs, assessment of their impact, and advocacy for further change.


Keywords: Diet/Health/Inuit Women

Abstract: Food composition data were determined for food consumed by 226 Inuit women in Nunavik, estimating the relative contribution of traditional and market food for energy, protein, lipid, carbohydrate, vitamin A, vitamin D, iron, calcium, magnesium, phosphorus, selenium, zinc, and eicosapentaenoic and docosahexaenoic acids. Traditional Inuit food was an important source of protein, vitamin D, iron, selenium, and phosphorus, as well as the main source of eicosapentaenoic and docosahexaenoic acids. The mean contribution of traditional and market food to energy and nutrients was analyzed according to age groups (18-39 and 40-74). Analysis of Inuit women’s nutrient intake showed that the contribution of traditional food was greater in the older group than in the younger group, for whom the contribution of market food was greater. Market food contributed the most to Inuit women’s energy intake, while 40% of the intake of several nutrients, including protein, vitamin D, iron, phosphorus, and zinc, was derived from traditional food. Inuit women had low vitamin A and calcium intakes. Traditional food had low calcium and vitamin A concentrations, and the Inuit infrequently consumed market food such as milk, dairy products, and yellow and green vegetables. Thus, even though the present study showed that traditional food was the major source of many nutrients in the Inuit diet, market food was also important for the nutritional status of this population, particularly young women. In promoting safe nutritional habits among the Inuit, dietitians must help them maintain traditional food use, which has provided some health advantages.
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: Health Issue: Overweight and obesity have been recognized as a major public health concern in Canada and throughout the world. Lack of physical activity, through its impact on energy balance, has been identified as an important modifiable risk factor for obesity. Physical activity and obesity are also important risk factors for a variety of chronic diseases. This chapter provides an overview of the current state of physical activity and overweight/obesity among Canadian women. Key Findings: For all ages combined more women (57%) than men (50%) are physically inactive (energy expenditure <1.5 KKD). Physical activity increases as income adequacy and educational level decrease. Physical inactivity also varies by ethnicity. The prevalence of both overweight (BMI 25.0 - 29.9 kg/m2) and obese (BMI >/= 30 kg/m2) Canadian women has increased 7% since 1985. Obesity increases with age and is highest among women reporting low and lower middle incomes and lower levels of education. The prevalence of obesity is highest among Aboriginal women and men (28% and 22% respectively). Data Gaps and Recommendations: There is currently no surveillance system in Canada to monitor the level of physical activity among children, those performing activity at work, at school or in the home. There is a gap in the knowledge surrounding sociocultural and ecological determinants of physical activity and obesity and the associations of these to chronic disease among women and minority populations. Multisectoral policy interventions that act to decrease the broad systemic barriers to physical activity and healthy weights among all women are needed (Journal Abstract).


Keywords: Aboriginal Women/ Gestational Diabetes/Exercise

Abstract: Hypothesis: An exercise program initiated in early pregnancy may prevent gestational diabetes among Aboriginal women and thereby reduce rates of Type 2 diabetes mellitus in their offspring. Objective: To determine the feasibility of conducting an exercise program for pregnant Aboriginal women with previous gestational diabetes. Method: Over two years, we attempted to recruit project-eligible women to participate in up to three exercise sessions per week, initiated before gestational diabetes recurred and continued until late pregnancy. Results: Referral rates were poor, but recruitment rates were excellent; seven of eight referred women entered the study. Participation rates were over 40% in five women, and all women consistently reached at least 80% of target heart rates; there were no maternal/fetal adverse effects; three women did not develop recurrent gestational diabetes. Conclusions: We have demonstrated the feasibility of conducting a controlled study to determine if physical activity can prevent gestational diabetes among Aboriginal women. If so, exercise programs could reduce rates of Type 2 diabetes in succeeding generations (Journal Abstract).


Keywords: Adolescents/Diet/ Ethnicity/First Nations/Health/ women/Youth

Abstract: The article explores the differences in eating attitudes between groups of Native American and white female adolescents based on data derived from the Eating Attitudes Test (EAT-26).


Keywords: Aboriginal Women/ Culture/Research
Abstract: The purpose of this qualitative case study was to provide insight into the body-related emotional experiences of young Aboriginal women. Four young women took part in this study; three who identified themselves as Aboriginal (one 14-year-old, two 18-year-olds) and one who identified herself as non-Aboriginal (18-year-old). An important strength of this study was that the young women were part of an intact group. The young women were members of a mentorship group at their local high school and this mentorship group was for young women who had faced adversity in their lives. The intent of this study was to listen to the stories and experiences of young women in order to better understand the complex nature of their body-related emotion. Feminist perspective was used to guide the study because it is a voice-centered approach based on listening to women’s experiences. Cognitive-Motivational-Relational Theory was used to ground the study because it recognizes that emotion is a complex and context-driven process. Through the use of multiple methods (i.e., focus group, one-on-one interviews, artwork) the young women were able to provide an in-depth view of their experiences. Stake's (1995) guidelines for case study data analysis were followed, and the collective story of the young women’s body-related emotional experiences has been described. This study contributes to the literature on the body-related emotional experiences of young Aboriginal women in a number of ways. The young women in this study possess many of the positive attributes (i.e., confidence, optimism) that have been associated with resiliency. Also, the emotions that were experienced by the young women were very complex and dependent upon specific contexts. The five themes that emerged from the data were conflicting cultures, need to belong, personal identity, journey to acceptance, and the body affects everything. Overall, the young women in this study noted a general level of body satisfaction, which is inconsistent with previous research surrounding young women’s body-related emotion. One of the most important findings from this study is that the body-related emotional experiences of young Aboriginal women are not as negative as previous research has led us to believe.


Keywords: Aboriginal Women/ Canada/ Manitoba/Native women/ Prevention/ Research/women

Abstract: Previous cross-cultural research in the area of eating disorders has, for the most part, neglected Native American women. The purpose of this study was to determine the prevalence and expression of eating-disordered attitudes and behaviours among Canadian Native women. It was expected that a higher percentage of Native women would be classified as potential bulimics than non-Native women. It was also expected that Native women, on average, would score higher on measures of eating-disordered attitudes and behaviours (i.e., body dissatisfaction, bingeing and purging behaviour) than their non-Native counterparts. A secondary goal was to determine the correlation between the degree and type of acculturation and the severity of eating-disordered symptoms among Native women. The sample consisted of 79 women ranging in age from 17 to 50 years (mean age was 23.6 years) recruited from urban areas in Manitoba and Ontario. Measures included the Bulimia Test-Revised (BULIT-R; Thelen et al., 1991), The Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash & Prozinsky, 1990), the Figure Ratings Scale (Fallon & Rozin, 1985) and the Relational Attitudes Scale (RAS; Restoule, 1994). Results indicated that 25.9% of Aboriginal women, 8.1% of Caucasian women, and 28% of women not born in North America were classified as potentially bulimic. The women’s scores on multiple measures of body image did not differ significantly between groups. For Aboriginal women a significant positive correlation was found between marginalization and severity of reported bulimic symptoms. These findings are discussed in the context of previous comparative studies. Implications for the development of prevention and intervention programs targeting Aboriginal women are also addressed.


Keywords: Canada/Diabetes/ Diet/First Nations/ Health

Abstract: Community-based studies of body image concepts can be useful for developing health interventions to prevent obesity-related diseases such as diabetes and cardiovascular disease in specific populations. First Nations peoples, in particular, face increased obesity-related health problems as a result of acculturative changes in diet and activity. This study examined body shape perception in an Ojibway-Cree community in northern Ontario, Canada. A set of figure outline drawings ranging from very thin to very obese were used to examine perceived body shape, body shape satisfaction and ideals of healthiness across sex and age groups. Overall, only 16% of the population were satisfied with their current body shape. People with a higher body mass index (BMI) were less satisfied with their bodies and thought they were less healthy than people with a lower BMI. While females had a significantly greater BMI than males, males and females did not differ significantly in perception of current body shape. On the other
Annotated Overview of Research on Aboriginal Women, Health and Healing


Keywords: Canada/Health/Health Care/Anishnawbe Women/Food

Abstract: This thesis is an investigation of the meaning of food for nine Anishnawbe women in Pic River, Ontario. The women’s experiences and perspectives are the focus in this feminist, participatory action research process. Unstructured and semi-structured interviews, group story writing and discussions encouraged the women to reflect on, and analyze food and eating. The main findings discuss the impact of acculturulation on food consumption, the high prevalence of obesity and the impact of ethno-stress. Ten implications for health care providers are provided.


Keywords: Canada/Children/Education/Health/Youth

Abstract: This study examined the relationships between habitual physical activity and self-referent thought among Native and non-Native grade 9 students in southern Ontario. The Habitual Activity Estimation Scale (HAES) and the Children’s Self-perception of Adequacy in and Predilection for Physical Activity (CSAPPA) Scale were administered to 74% of eligible Native students (13M, 13F) and 87% of eligible non-Native students (65M, 65F). All were attending the same secondary school, adjacent to the Six Nations (Mohawk/Cayuga) reservation. Natives and non-Natives differed (P < .01) with respect to physical activity levels, predilection for physical activity, and enjoyment of physical education, with Native students reporting less physical activity than the non-Native group. There were no significant differences in perceived adequacy between the two groups. Further investigations are needed to determine how far these results can be generalized to less prosperous Native bands in other parts of Canada and the U.S.

Nevertheless, it appears that physical educators should develop culturally appropriate interventions to increase physical activity among Native youth, in consultation with Native leadership (Journal Abstract).


Keywords: Canada/Diabetes/Gender

Abstract: Among the Oji-Cree of northern Ontario, women have both a higher prevalence and an earlier onset of Type 2 diabetes compared to men. We studied the relationship between HNF1A S319 and both the presence of and the age of onset of Type 2 diabetes in women and men separately. We found that: 1) in women, there was a significant difference in the mean age of onset of Type 2 diabetes according to HNF1A genotype; and 2) in men, there was no difference in the mean age of onset of Type 2 diabetes according to HNF1A genotype. The findings indicate that HNF1A S319 is associated with increased susceptibility to Type 2 diabetes in both men and women, but with earlier age of onset in women only. One factor that might account for the gender difference in the onset of HNF1A S319-associated Type 2 diabetes is the greater prevalence and severity, and earlier onset of, obesity among female Oji-Cree (Journal Abstract).


Keywords: Men/First Nations Women/Youth/Body Mass Index/Physique

Abstract: The purpose of this study was to compare body size and physique among Canadians of Aboriginal (First Nations [FN]) and European ancestry (EA) from the northern Ontario communities of Temagami and Bear Island. The sample consisted of 130 FN and 494 EA participants including adults (20-75 years: 214 men, 234 women) and youth (5-19 years: 97 boys, 79 girls). Indicators of body size and physique included stature, the sitting height-to-stature ratio (SSR), body mass, BMI, estimated upper-arm muscle area, biacromial, bicristal, bicepscondylar, and icondylar breadths, and the Heath-Carter anthropometric somatotype (endomorphy, mesomorphy, and ectomorphy). There were few differences in body size between FN and EA, with the exception of adult females. Adult FN females were significantly heavier and had greater bone breadths than EA women (P < 0.001). On the other hand,
somatotype differed significantly between EA and FN by age and sex, except for 5-19-year-old females. Among boys and men, FN had greater endomorphy (P < 0.03), whereas FN men also had lower ectomorphy (P < 0.01). Among women, FN were significantly more endomorphic and mesomorphic and less ectomorphic (P < 0.001). Although results for 5-19-year-old females were not significant, they were in the same direction as the other groups (greater endomorphy). Forward stepwise discriminant function analyses indicated that endomorphy was the most important discriminator between FN and EA by age and sex (Journal Abstract).


Keywords: Aboriginal Women/Basic Physical Needs/Canada/Critical Learning Opportunities/Diabetes/Education/Prevention

Abstract: Objective: Exercise has been shown to prevent Type 2 diabetes mellitus and could play a role in the prevention and treatment of gestational diabetes mellitus (GDM). This paper describes the process and outcome of a prenatal exercise program for urban Aboriginal women in Saskatoon, Saskatchewan, Canada. Method: The authors developed a weekly fitness program with incentives aimed at accommodating the needs of the target population. Fifty-one per cent of participants completed a program evaluation questionnaire. Results: During its two-year course, the program attracted 69 participants of various ages, stages of pregnancy and education and fitness levels. Water aerobics and walking were the most preferred activities. Engaged in the program, 91% of participants reported improved fitness levels and 89% reported heightened self-esteem. Conclusions: Although exercise programs for urban Aboriginal prenatal women are challenging to design, they are necessary and feasible. Factors that influenced participation in one such exercise program are identified (Journal Abstract).


Keywords: Gender/Traditional Foods

Abstract: Analyses of 24-hour diet recalls and household frequencies of use of traditional food investigate the use of traditional and market food during six bi-monthly seasons in a community of Baffin Island (Qikiqtarjuaq). Data from 1,410 recalls from 366 individuals three years of age and older are reported.

Traditional food contributes 30-40% of average daily energy intake with sea mammals providing the greatest quantity and variety of traditional food, followed by land animals, fish, birds and eggs, berries, and shellfish. Traditional food intake varies by season, gender and most importantly by age. Younger people tend to eat less traditional food than their elders and conversely more market food. Sucrose intake in the younger age groups is high, as well as tea/coffee consumption in all age and gender categories. Concerns are raised on the nutritional implications of the observed shift from traditional food toward market food (Journal Abstract).


Keywords: Canada/Diet/Health/Inuit Women

Abstract: To evaluate nutrient intake and food consumption patterns of Inuit women of childbearing age, a 24-hour diet recall and general health and food frequency questionnaire was administered to 688 Inuit women aged 15-44 in six isolated communities. Data were analyzed using the 1991 Canadian Nutrient File. Mean intake of essential nutrients were expressed as percentages of Health Canada’s 1990 Recommended Nutrient Intakes (RNI). Chi-square tests were used to determine relationships between categorical variables. Folacin intake ranged from 49% to 95% of the RNI in most communities (median = 76%) and was only 37% of the RNI for pregnant and 54% for lactating women. Mean calcium intake for pregnant and lactating women averaged 55% and 47% of the RNI, respectively. Average vitamin A intakes ranged from 28% to 87% of the RNI (median = 65%), with intake for pregnant Inuit women and lactating women 79% and 54% of the RNI, respectively. Country food was the major source of protein and iron, and store foods the major source of calories, calcium, folacin, and vitamin A. Low intakes of folacin, calcium, and vitamin A, especially among pregnant and lactating women, place Inuit women of childbearing age at risk. Women on social assistance are nutritionally vulnerable (Journal Abstract).


Keywords: Canada/Health/Inuit Women

Abstract: This report describes and presents results of a survey to evaluate the impact of the Food Mail Program on food consumption, nutrition, food security, and health of Inuit women aged 15-44 (a nutritionally high-risk group) in Repulse Bay and Pond Inlet. The survey
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: The Fort Severn Food Mail Pilot Project was initiated to promote healthy eating and improve food security by reducing the postage rate for priority perishables such as fruit and vegetables and most fresh dairy products and eggs. This report describes a survey conducted to obtain baseline data required to measure the impact of the project. Survey objectives were: to evaluate the food purchasing patterns and food security status of households in Kugaaruk prior to project implementation; and to assess nutrient intakes and the general status of Inuit women of childbearing age in Kugaaruk at that time. After sections describing the survey methodology, results are presented with regard to household characteristics (including size and composition, source and amount of income and expenditure on food, and food purchasing practices) and nutrition (consumption patterns of country food and store-bought food, food preparation methods, women’s health and lifestyle, energy and nutrient intake, and energy and nutrient contribution by food mail category). The results highlight a number of nutrition concerns for Kugaaruk residents. Copies of the survey questionnaires are appended.


Keywords: Canada/Diet/Health/ Aboriginal Women

Abstract: The Fort Severn Food Mail Pilot Project was initiated by Indian and Northern Affairs Canada with the support of Health Canada, the Ontario Ministry of Health and Long-Term Care, Canada Post and the Fort Severn First Nation council. Its aim was to promote healthy eating and improve food security by reducing the rate for shipping “Priority Perishables.” To obtain baseline data required to measure the impact of the pilot project, trained local interviewers administered a household questionnaire to 121 First Nations households and a nutrition questionnaire to 66 First Nations women aged 15 to 44 in December 2002. The household questionnaire asked about food purchasing practices, opinions about the quality, variety and cost of certain foods, reasons for not buying more fresh fruit and vegetables and milk, demographic information and household food security, using a modified version of the United States Department of Agriculture Food Security Module. The nutrition questionnaire included a 24-hour diet recall, a food frequency questionnaire, and questions on food preparation, health and lifestyle. A second 24-hour recall was completed by 45 women. Both questionnaires had an excellent participation rate (98% of available households and available eligible women). Forty-four per cent of First Nations women rated their health as fair or poor, a level six times higher than among women of this age in the Canadian population. Extreme concern about being able to afford enough food was associated with poor or fair self-rated health. Since 1992, the self-rated health of women of childbearing age in Fort Severn has deteriorated, their concern about food costs has increased and the smoking rate has increased from 48% to 56%. For families on social assistance, a healthy diet became less affordable over this period. Over half of the respondents rated the quality of fruits, vegetables and milk as only fair or poor, and cited cost, poor quality, low availability and lack of variety as the major barriers to purchasing more fresh fruit and vegetables and poor quality as a barrier to purchasing more milk. First Nations women in Fort Severn were eating only about one and a half servings of fruit and vegetables and about two-thirds of a serving of dairy products per day. However, Priority Perishable foods were an important source of essential vitamins and minerals and fiber. It appears, therefore, that the Food Mail Pilot Project is appropriately focused and should help to increase the consumption of more nutritious store foods, thereby improving the nutrition of women of childbearing age as well as the food security situation of Fort Severn families.


Keywords: Aboriginal Women/Health/ Manitoba/Research/women

Abstract: Aboriginal participants selected larger drawings to represent their current shape (Mann-Whitney U Test, p = 0.0008 for girls; 0.005 for women). There were no other significant differences between the girls’ selections. There was a trend for Aboriginal women to select larger drawings than non-Aboriginal women for their desired shape and the shapes they said were most attractive and healthiest for girls.
Body dissatisfaction was greater in Aboriginal participants (66% and 36% for girls; 83% and 62% for women; logistic regression, p = 0.0001). More women than girls wanted to lose weight (84.8% and 63.6%; chi square test, p = 0.004). The frequency of dieting was 25.2%, with no significant differences between groups (chi square tests).


Keywords: Canada/Health/ Manitoba/women

Abstract: In-depth qualitative interviews were conducted with a random sample of 20 mother-daughter pairs from primarily low-income and ethnically diverse backgrounds in an urban setting. The purpose was to explore how middle-aged women and their teenage daughters talk about weight issues. Girls talked about the following as influences on their attitudes toward weight: a desire to be attractive to friends and boys; a desire to avoid being teased about being too fat or too skinny; the example of models; the importance of looking good; and avoiding weight-related health problems, especially those associated with being underweight. They emphasized the impact of teasing. The mothers discussed similar themes, adding the influence of weight on employment opportunities. Health and social impacts of weight were discussed largely in terms of overweight. They emphasized the influence of health and the media more than their daughters. Some girls and many mothers indicated disagreement with the ultra-thin standard for weight. Greater resistance was often accompanied by less expressed concern about weight. A standardized questionnaire, the Eating Attitudes Test, was also administered. There was no evidence of a significant difference between mothers’ and daughters’ scores, nor of any association between their scores. Both methods indicated extensive variability within each group (Author Abstract).


Keywords: Aboriginal Women/women

Abstract: A short article on the issue of weight preoccupation in the population of Aboriginal women.


Keywords: Aboriginal Women/ Adequate Income and Sustainable Economies/Canada/ First Nations/ Health/Manitoba/Weight Perceptions/ Well-being

Abstract: This research compared body weight perceptions of Aboriginal and non-Aboriginal girls and their mothers. Families were randomly selected based on the class lists of grade 8 students from two urban and two rural schools. The sample consisted of 80 mother-daughter pairs that were interviewed separately. The non-Aboriginal women almost unanimously discussed strong societal pressures that made weight more important to women than to men. Most of the Aboriginal women suggested that weight was not central to female identity. The research indicated that Aboriginal girls are more at risk for an eating disorder than their non-Aboriginal counterparts. In conclusion, the author feels that both weight and weight preoccupation need to be considered in health messages to Aboriginal girls and women living in or close to an urban centre.


Keywords: 11/14/Canada/ Empowerment/ Exercise/First Nations Communities/Healing/ Health/Research

Abstract: The health of Canada’s First Nations people is ranked among the lowest in the country. And while a great deal of attention has been given to the means of improving the health of the younger members of this cultural group, almost nothing is either known about, or has been done for, its elderly members. With funding provided through Health Canada, New Horizons/Partners in Aging, the Elders and Health Centre staff of six rural First Nations communities in Alberta were introduced to the concept of Active Living. An Action Research methodology was used to assist each community to develop and implement a physical activity program for volunteer participants over the age of 50. The aim of these programs was to improve the functional independence of the seniors allowing them to live more independently, be more fully involved in the activities of their communities, and to rebuild the traditional role of Elders. Within the three-month time limit of this study, the Health Centre staff of the participating First Nations communities demonstrated that they were willing and able to take the necessary
steps to get their elderly members more physically active. Initiatives were culturally appropriate and designed and delivered in the spirit of promoting community responsibility, autonomy, local control, and the rebuilding of the traditional role of Elders in Aboriginal communities. Although more pressing health issues were identified as the primary obstacles to a more physically active lifestyle, there is unanimous agreement that the best solution to the sedentary lifestyle of Aboriginal Elders lies in the restoration of traditional values and practices. Physical activity is acknowledged as having an important part to play in the healing and control of many of the health problems of Aboriginal Elders (Author Abstract).


Keywords: Children/Nutrition/Native Mothers

Abstract: Unavailable


Keywords: Aboriginal Children/ Poverty/Hunger/ Food Insecurity

Abstract: The objectives of this study were: to determine the prevalence of food insecurity among urban Aboriginal families; to look at the physical and psychological impact of food insecurity on Aboriginal children and their parents; to examine the relationship between food security and school performance in Aboriginal children and youth; and to examine the relationship between food insecurity and child welfare intervention among Aboriginal peoples. The study employed literature, questionnaires, and key informant interviews, drawing on a total of 508 participants from 23 cities in Ontario. Includes recommendations for “federal and provincial government; immediate program enhancements; “Aboriginal organizations and First Nations”; and “Co-operative Policy Responses.”


Keywords: Diet/Health/Métis Women

Abstract: We assessed diets in 16 Dene/Métis communities in the Canadian Arctic. We described nutrient intakes and identified nutrients at risk among adult Dene/Métis, evaluated the influence of traditional food on diet quality, and examined the direction of dietary change by comparing intergenerational and between-community differences in dietary intake. Diet varied according to sex, age and community. Nutrients of possibly inadequate intake (irrespective of subject sex, age or community) included calcium, vitamin A and folic acid. Dietary fiber intake was also of concern. Traditional food (animals and plants harvested from the local environment) was consumed on 65.4% of interview days; on these days intakes of iron, zinc and potassium were higher (P < 0.05) and those of sodium, fat, saturated fat and sucrose were lower (P < 0.05) than on days when market food only was consumed. In this population, the shift away from traditional food towards a diet composed exclusively of market food was characterized by an increase (P < 0.05) in absolute energy intake and an increase (P < 0.01) in the relative contributions of carbohydrate (particularly sucrose), fat and saturated fat. This pattern of change calls for initiatives to document the current health status of this population and to prevent potential negative health consequences of dietary change (Journal Abstract).


Keywords: Aboriginal Women/Cree/ Diabetes/ Ethnicity/Montreal

Abstract: Background: The James Bay Cree of Canada have one of the highest recorded rates of gestational diabetes mellitus (GDM) among Aboriginal people worldwide; the reasons for this elevated risk remain to be documented. Objective: Our objective was to compare predictors and risk of GDM between the James Bay Cree and non-Native Canadians. Design: Risk for GDM was compared between Cree and non-Native women by 1) adjusting statistically for differences in age, parity, pregravid weight, and smoking status (n = 402 Cree, 7,718 non-Natives), and 2) matching Cree women with non-Native women for age and pregravid weight (n = 394 Cree, 788 non-Natives). Dietary and physical activity information was available for a subset of Cree women (n = 152). RESULTS: Age and pregravid weight were independent predictors of GDM in both Cree and non-Native women. After these predictors were controlled for, normal-weight (<=77 kg) Cree women were not at increased risk of GDM (OR: 1.42; 95% CI: 0.67, 2.71) but overweight Cree women had a higher risk than did overweight non-Native women (OR: 2.25; 95% CI: 1.32, 3.80). Conclusion: Overweight Cree women are at increased risk of GDM. Given the high prevalence of pregravid overweight among the Cree, the burden of GDM is higher than among non-Native Canadians (Journal Abstract).

Abstract: Background: The remote Aboriginal communities in the Island Lake area of Manitoba have high rates of rickets, unlike other seemingly similar communities. Two Island Lake communities (Garden Hill and St. Theresa Point) and Norway House, a community without known rickets, were chosen for this study. Clinical rickets in children, vitamin D deficiency in pregnant women, and risk factors for vitamin D deficiency and rickets were hypothesized to be greater in the Island Lake area than in Norway House. From a review of the literature from several disciplines, I hypothesized that vitamin D deficiency was prevalent in Norway House, despite the absence of known rickets. Methods: A historical prospective study of the incidence of clinical rickets in treaty-status Aboriginal children born in 1993 and 1994 (a retrospective chart review of birth cohorts) was conducted. A cross-sectional serum survey was conducted to determine the prevalence of vitamin D deficiency (25-hydroxyvitamin D <35 nmol/L) among pregnant women. A cross-sectional interview survey was also conducted among these women to investigate the presence, strength, and amenability to change of risk factors for vitamin D deficiency. Results: The rickets incidence rate was 85/1000 for Garden Hill and 55/1000 for St. Theresa Point, and there were no cases from Norway House. The prevalence of vitamin D deficiency among pregnant women from all three communities was 84.6% (n = 115), with 84.4% in Garden Hill (n = 32), 91.4% in St. Theresa Point (n = 35), and 78.4% (n = 37) in Norway House. Significant differences were found between Norway House and Garden Hill in vitamin D status, education, family income source, and several risk factors for vitamin D deficiency and rickets. Conclusion: The interview data (n = 95) provided insight into the possible reasons for vitamin D deficiency and factors to consider for prevention. Multiple logistic regression analyses were not possible due to the homogeneity of results among pregnant women in all three communities. However, finding widespread vitamin D deficiency in Norway House may be important if vitamin D deficiency has a role in common conditions such as Baby-bottle Tooth Decay, as I hypothesize from a review of the literature from several disciplines (Author Abstract).


Keywords: Canada/Education/ Manitoba/ Prevention/Risk Factors/First Nations Women/ Young Mothers/ Grandmothers

Abstract: The purpose of this study was to investigate and describe changes in access to traditional foods, and women’s beliefs surrounding food during pregnancy in Peguis First Nation. Specific objectives included the exploration of cultural idea systems related to maternal diet; the importance of traditional foods; local food security as well as the extent
to which diabetes is a concern to women in the community. A sample of 12 young mothers and 12 grandmothers was used for the study. Familial cultural teachings associated with maternal diet and behavior patterns were found to be of decreasing influence to young mothers.


Keywords: Canada

Abstract: These are the best essays about body image by young women aged 13-19 from across Canada. You name it, these young women have a personal experience with it, ranging from: eating disorders, depression and anxiety attacks, developing breasts, shopping for a first bra, body hair, body piercing, tattoos, hair dyes, driving Mom insane, dancing, self-torture, dealing with unwanted touching, discovery of the body’s secret places, living with disabilities, the body in relation to cultural traditions, feeling ugly, feeling beautiful, feeling whole, gaining confidence and self-awareness, the ecstasy of sport, being strong. Along with the artwork and substantial resource section on young women and body image, this is a book of great interest to young women, parents, teachers and all those who care about women.


Keywords: Canada/Diabetes/Diet/ First Nations/ women

Abstract: In recent decades the prevalence of non-insulin-dependent diabetes mellitus (NIDDM) has increased dramatically among many Aboriginal groups. This paper examines nutrient intakes of 110 Plains Cree First Nations adults, with and without diabetes, in central Alberta, from three repeated 24-hour recalls. Vitamin A intakes were also estimated from a vitamin A food frequency questionnaire. Mean intakes per megajoule (MJ) indicated that diets of women with diabetes were lower in fat and sugar and higher in many nutrients than diets of women without diabetes [P<0.05]. Among men, fewer differences between diabetic and control groups were observed. Per cent energy from fat was 36-39% in three of four study groups. Median daily intakes exceeded recommendations for seven nutrients; however, median calcium, zinc, and folate intakes were below recommendations for most study groups. Median intake of vitamin A based on food frequency met the recommended level, for three of the four groups, while median vitamin A intake from the repeated 24-hour recalls fell below the recommendation for all four groups. More nondiabetic than diabetic persons were at risk of inadequate intakes of vitamin D, calcium, folate, zinc, and vitamin A. Many First Nations adults in this sample would benefit from lower fat intakes and greater consumption of foods rich in the above nutrients (Journal Abstract).


Keywords: Diet/Nutrients/Aboriginal Women/ Inuit Foods

Abstract: In order to describe daily food patterns and nutrient intakes of adults in the Inuit community of Sanikiluaq, 48 adults (young and older men and women, 12 per group, randomly selected from all individuals within their age and sex group) provided two 24-hour recalls of food consumption, once each in two seasons (February/March, October/November). The most frequent Inuit foods were reindeer, seal, and arctic char, while the most frequent market foods were tea, sugar, and bannock. On average 799 grams of Inuit food were consumed per day, providing 47% of daily energy and 65-92% of daily protein, iron, zinc, phosphorus, thiamin, riboflavin, and niacin. Inuit foods are primary sources of many nutrients for the Belcher Island Inuit (Journal Abstract).


Keywords: Canada/Education/ Health/Inuit Women/Manitoba

Abstract: This paper reports on the sociocultural determinants of obesity among the Inuit people in the central Canadian Arctic, part of the Keewatin Health Assessment Study (KHAS), a comprehensive community health survey conducted during 1990/91 in eight Inuit communities in the Northwest Territories (n = 434 adults aged 18 yr +). On multivariate analysis, age is an independent predictor of obesity in both sexes. Among Inuit women, non-smoking status and a lower education is associated with various obesity indices. However, smoking is not a predictor in men, and the association with education is the reverse, i.e. the more highly educated are more likely to be obese. In addition, some obesity indices are associated with higher income, a mixed ethnic background, fluency in the Inuit language and less time spent on the land. In general Inuit men tend to show the pattern observed in developing societies, where obesity is more prevalent among those with higher SES status, whereas Inuit women are more characteristic of developed societies, where obesity is associated with a lower SES. The different sex roles in a rapidly modernizing population are most likely to be responsible for this phenomenon (Journal Abstract).
9. Environmental Factors Impacting Women’s Health

Women are the first environment. Indigenous women have understood this concept for generations. Women shape the future, not only through reproduction, but also as keepers of culture and the traditional healing knowledge of the grandmothers. This section focuses on research that has identified the collision between healthy and polluted environments and the impact on women. It includes research that has looked primarily in the context of northern and Inuit women and at the link between diet and pregnancy in Aboriginal women.

The gender implications of free trade on Aboriginal women, particularly as it relates to forestry, were examined by Rude and Deiter (2004) in their report From the Fur Trade to Free Trade: Forestry and First Nations Women in Canada. Many of the Aboriginal women in this report indicate that they were uncertain of how free trade benefits their communities. They have in many cases responded with resistance to the imposition of economic development on their traditional lands and are deeply concerned about the pace, manner and eventual impact this may have on their traditional lands. This article highlights the environmental factors that have direct outcomes on the health of the Aboriginal women and community members.

Aboriginal women researchers argue that gender-inclusive analysis by itself does not take into consideration the unique historical and cultural circumstances of Aboriginal women (Sayers and McDonald 2001). In the authors’ gendered analysis of this issue they particularly note that health issues facing humans have rarely been an important aspect of environmental assessments in the forestry industry. The outcomes, specifically for women, will be devastating, especially with respect to the loss of traditional ecological knowledge (TEK) or Indigenous Traditional Knowledge (ITK) possessed by Aboriginal women in these communities, noting that:

The gender dimensions of TEK are complex, far-reaching and yet to be fully explored. Writers such as Vandana Shiva have argued that women’s biology gives them a “special” relationship with nature. Others have advocated for a more systematic study of gender roles, and issues of ownership and control of resources and land, though often in the context of settled, agricultural societies (Agarwal 1994). However, in regards to Aboriginal communities, both women and men are considered stewards of the land and have gender-specific roles and relationships to aspects of the natural world. This would vary so much over time and across different tribes in Canada that generalization is difficult. Perhaps one certainty, as the women’s stories in this study will illustrate, is that the work of women that draws on indigenous knowledge — gathering food, picking medicines and raising children — is rendered all but invisible within the world of logging and international trade (Rude & Deiter, 2004, p.12).

Rude & Deiter (2004) also noted that First Nations people depended on trees — timber for shelter, firewood for warmth, bark and other parts for medicine — for their very survival. The women in this study spoke of health impacts on their people because of the logging in their area. The loss of traditional foods together with commercialization of resources from within the area are increasingly forcing people to live off store-bought foods, which create significant health problems such as diabetes and dental concerns. Some of the women’s comments include:

When you look at our life, we never needed hospitals, we never had jails, because we lived right. We were doing something right.... The food that we ate that grew on the mountains had a lot of antibiotic. Now that very same food is disappearing.... What we eat today is poisonous as compared to what we ate a long time ago (Neskonlith Elder).

We used to eat everything, berries, fruit. We used to have good meals then in the old days. Everybody was healthy. The food we eat all the time today, the food to eat, we get sick of eating. Everybody has sugar everything (Flying Dust Elder).

Such health issues are not included as part of environmental assessments, which consider wildlife and other aspects of
the ecosystem, but not the impact on people who live on the land. When asked to consider the impacts of forestry on their lives, the women clearly stated that logging did not improve their well-being. In fact, it threatened their very existence.

Canada’s Far North was commonly perceived to be too remote to be affected by contaminants resulting from industrial and agricultural activities elsewhere in the world; however, a report published in 1985 indicated that contaminants were being found in several Arctic locations. Since then, evidence from multiple sources has confirmed the presence of environmental contaminants in many species traditionally consumed by northerners and has indicated that many of these contaminants are being transported over long distances to the Arctic atmospherically and in waters flowing northward. These contaminants include metals, radionuclides and organochlorines. Organochlorines, also referred to as persistent organic pollutants (POPs), include pesticides and industrial compounds including polychlorinated biphenyls (PCBs), dioxins and furans. These compounds are resistant to degradation, are lipophilic (fat soluble), and biomagnify in the food chain (Butler Walker, Seddon, McMullen, Houseman, Tofflemire, Corriveau, Weber, Mills, Smith, & Oostdam (2003).

Comprehensive research regarding environmental factors specifically examining the health impacts on Aboriginal women was, until recently, rather scarce. Nevertheless, what does exist is an indication of a growing problem that has failed to take into consideration gender implications to Aboriginal female populations. Baikie (1992) in discussing a wide-ranging review of health-related concerns facing Labrador Inuit women identified a concern for the growing evidence of contamination in Labrador and the need for more appropriate responses from the health care profession. Most of the recent research since has now begun to look at contamination from a gender-specific standpoint. The literature published in this area is mostly medically based and rather complex for the layman reader. This research has recognized the problem of pollution and has documented the growing exposure to environmental contaminants between mothers and newborns in the northern Arctic areas of Canada. Dallaire, Dewailly, Lalibert, Muckle, Ayotte (2002) looked at the time trends of PCBs and 11 chlorinated pesticides in the umbilical cord plasma of newborns in a remote Canadian coastal population. They gathered information from mothers over a seven-year period looking at their age, past and present residence, ethnic group, use of tobacco during pregnancy and breastfeeding during previous pregnancies. Similarly, colleagues Butler Walker, Seddon, McMullen, Houseman, Tofflemire, et al. (2003) also looked at maternal and umbilical cord blood plasma organochlorine levels for Inuit, Métis, Caucasian and other non-Aboriginal women over a five-year period. Approximately 523 women volunteered to participate in that study. Generally, what these studies indicate is that the presence of multiple chlorinated organic substances have been confirmed in Dene/Metis, Inuit and non-Aboriginal women and their newborns in the Northwest Territories and Nunavut.

The literature also focuses on the exposure of children to these contaminants through their mothers’ breast milk. Three Canadian-specific articles addressing environmentally related chemical contamination in breast milk were found, although all the authors of these studies note that research in this specific topic spans several decades and dozens of countries (Solomon & Weiss, 2002). An assessment of the PCB levels in the breast milk of lactating Inuit women from the Hudson Bay region of northern Quebec and of women from southern Quebec was the focus of research by Dewailly, Nantel, Weber & Meyer (1989). The results of a self-administered survey determining dietary intake of select foods, number of previous pregnancies and duration of past breastfeeding revealed that the level of PCBs in the breast milk of Inuit women was almost five times higher than in that of Caucasian women. Ayotte, Carrier & Dewailly’s (1996) research looked at the impact of breastfeeding on the body burden of Inuit from birth to age 75 years. Prenatal exposure of northern Inuit infants to environmental contaminants was
again conducted by research colleagues Muckle, Ayotte, Dewailly, Jacobson & Jacobson (2001). Solomon & Weiss’ (2002) research indicates that PCBs and other dioxins have declined in the breast milk in countries where these chemicals have been banned or regulated. Other chemicals such as PBDEs or PBBs (Polybrominated diphenyl ethers) are manufactured chemicals. They are added to the plastics used to make products like computer monitors, televisions, textiles, plastic foams, etc., to make them difficult to burn. PBBs can leave these plastics and find their way into the environment. PBBs are usually colorless to off-white solids. PBBs (mixtures of brominated biphenyl compounds known as congeners) are on the rise. Diet, Solomon & Weiss say this is a major factor influencing breast milk levels of persistent organic pollutants, with patterns of fish consumption playing a particularly significant role. Solomon & Weiss also point out that improved global breast milk monitoring programs would allow for more consistent data on trends over time, detection of new xenobiotics in breast milk, and identification of disproportionately exposed populations.

Van Oostdam, Gilman, Dewailly, Usher, Wheatley, Kuhnlein, et al. (1999), in an extensive report published in the journal Science of the Total Environment, also looked at the harvesting, sharing and consumption of traditional foods in the northern diet as an integral component to good health among Aboriginal people, influencing both physical health and social well-being. Van Oostdam, et al., concluded that risk determination for contaminants in country food involves a consideration of the type and amounts of food consumed and the sociocultural, nutritional, economic and spiritual benefits associated with country foods.

Research on pollution and its impact on Aboriginal women is not restricted to the northern hemisphere only. Fitzgerald (1995) looked at the concentration of PCBs in the fish consumption patterns of Mohawk women in the Akwesasne region of Quebec. The women in this study resided near three industrial hazardous waste sites. Ninety-seven Mohawk women were interviewed over a six-year period within one month in the period shortly after childbirth. A comparison group of 154 nursing Caucasian mothers were also included. The Mohawk mothers consumed more fish the year before their pregnancies than the comparison group. The consumption of fish eventually declined over time with Mohawk mothers who ate the most local fish initially. This dietary change, the author posits, may be the result of advisories that have been issued over the past decade recommending against the consumption of fish by pregnant and nursing Mohawk mothers. Fitzgerald (2005) again looked at PCB exposure and In Vivo CYP1A2 activity among Native Americans, primarily at the Mohawk Nation in Akwesasne (in New York and in Ontario and Quebec, Canada). CYP1A2 is reported as a consequence of cigarette smoking, the consumption of certain foodstuffs such as charbroiled meat and cruciferous vegetables, and therapeutic drugs such as rifamin, carbamazepine, and Omeprazol. One of the findings from this study indicates that Caffeine Breath Tests (CBTs) are higher among smokers and men and lower among women who use oral contraceptives. Fitzgerald, et al., state that the results support the notion that CYP1A2 activity may be a marker of an early biological effect of exposure to PCBs in humans and that CBT may be a useful tool to monitor such effects.

The Inuvik Regional Health and Social Services Board (IRHSSB) did a study looking at the presence of environmental contaminants in the blood and hair of local women and their newborns. Substances such as metals (e.g. lead) and organochlorines (e.g. PCBs) are found in small amounts in the North. The concern was focused on long-range contaminants, which are carried northwards by marine (water) and atmospheric (wind) paths, and find their way into the food chain. Sampling of blood and hair continued until June 1999. The 104 participants in the study were asked to complete a dietary and lifestyle questionnaire. Of these, 102 completed questionnaires and 73 provided hair samples. A total of 185 blood samples (95 maternal and 90 umbilical cord) were collected. The samples were shipped to participating laboratories for
testing and the results returned to the program coordinator for statistical analysis, to compare our results to other regions, and possibly see if there is any relationship between diet and contaminant exposure.

Much of the research on the environmental impacts to Inuit women in this area is generated primarily for a specific western scientifically oriented audience. Very few of these types of studies are geared toward a simplified understanding of the environmental factors and impacts for Aboriginal women. It is highly unlikely that any of this research is helpful to the subjects concerned. However, more down-to-earth qualitative research does exist, but it too is very scant. Hawkes (1993), using a qualitative narrative account, documented Cree women’s experiences and participation in an Environmental Assessment and Review Process conducted as part of the Phase I and II James Bay hydroelectric project in the Village of Chisasibi, Quebec. Eagan (1998, 1999) also wrote about Inuit women’s perceptions of pollution. Eagan, using feminist methodology, conducted in-depth interviews with 47 Inuit women in an effort to highlight their voices and to contrast their perspectives with the scientific discourse and the discourse generated through popular media regarding pollution in the North. Egan’s research provides a richer understanding of the cultural concern and perception of pollution in the North through these women’s narratives and is a welcome alternative to the medical discourse currently available.

An annotated list of resources obtained for this thematic area (Environmental factors impacting the health of Aboriginal Women) is alphabetically arranged below.

Bibliography of Resources


Keywords: Breastfeeding/Diet/Health/ Newborn

Abstract: Inuit people living in the Arctic receive an unusually high dose of dioxin-like compounds through their traditional diet, which comprises large amounts of fatty tissues from various sea mammal species. During breastfeeding, the mother transfers part of her body burden to her newborn. We estimated the impact of breastfeeding on the body burden of Inuit from birth to age 75 years. Simulations performed with a toxicokinetic model revealed that breastfeeding strongly influences body burden during childhood but not after age 20. Liver and adipose tissue concentrations expected in Inuit are well below those which induced severe adverse health effects in laboratory animals, e.g. cancer and reproduction. However, these concentrations approach levels generating subtle effects on reproductive systems (Journal Abstract).


Keywords: Family Violence/Health/ Methylmercury/women/Women’s Health

Abstract: During the course of presenting a wide-ranging review of health-related issues facing the Labrador Inuit, Baikie identifies a number of challenges and gaps in relation to women’s health. Specifically, she notes that very little is known either about the prevalence of family violence in Labrador, or about the degree to which women and children are at risk from the methylmercury and other airborne contaminants. However, with regard to the latter problem in particular, she argues that studies conducted in Northern Quebec in recent years provide a useful guide to the likely level of contamination in Labrador, and hence to appropriate responses on the part of health personnel and policy makers (Dion Stout, 1997).


Keywords: Canada/Ethnic Groups/Ethnicity/ Newborn/Umbilical Cord Blood

Abstract: A baseline for exposure to organochlorines and metal contaminants has been established for mothers and newborns in the Northwest Territories and Nunavut areas of Arctic Canada. Maternal and umbilical cord blood plasma organochlorine levels are described for Inuit, Dene, Metis, Caucasian and other non-Aboriginal participants. Overall, 523 women volunteered to participate by giving their written informed consent between May 1994 and June 1999, resulting in the collection of 386 maternal blood samples, 407 cord blood samples and 351 maternal/cord pairs. Nearly half of all the participants regularly smoked cigarettes, including 77% of the Inuit participants. Maternal and cord results are presented for PCBs (as Aroclor 1260 and 14 congeners) and organochlorine pesticides, including p,p’-DDT, p,p’-DDE, beta-exachlorocyclohexane (beta-HCH).
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1993 and 2000, but this decrease did not contribute significantly to the reduction of OCs. These results show that prenatal exposure to persistent OCs has declined significantly between 1993 and 2000 in this population (Journal Abstract).


Keywords: Canada/Chlorinated Pesticides/Diet/Environmental Exposure/Ethnic Groups/Food Contamination/Health/Polychlorinated Biphenyls/Pregnancy/Seafood/Umbilical Cord Blood

Abstract: This paper focuses on the authors’ research in assessing the levels of PCBs in the breast milk of lactating Inuit women from the Hudson Bay region of northern Quebec and of women from southern Quebec. A self-administered questionnaire was used to determine dietary intake of selected foods, number of previous pregnancies and duration of past breastfeeding. The level


Keywords: Aboriginal Women/Canada/Chlorinated Pesticides/Diet/Environmental Exposure/Food Contamination/Health/Heavy Metals/Lead/Mercury/Newborn/Polychlorinated Biphenyls/Umbilical Cord Blood

Abstract: Inuit inhabitants of Nunavik (northern Québec, Canada) consume great quantities of marine food and are therefore exposed to high doses of food chain contaminants. In this study, we report the time trends of persistent organic pollutants, mercury, and lead in umbilical cord blood of infants from three communities of the east coast of Hudson Bay in Nunavik. We analyzed 251 cord blood samples collected from 1994 through 2001 for polychlorinated biphenyls (PCBs), dichlorodiphenyl trichloroethane (DDT), dichlorodiphenyl dichloroethylene (DDE), hexachlorobenzene (HCB), chlordane, lead, and mercury. Using an exponential model, we found strongly significant decreasing trends for PCBs (7.9% per year, p < 0.001), DDE (9.1% per year, p < 0.001), DDT (8.2% per year, p < 0.001), and HCB (6.8% per year, p < 0.01). No significant trends were detected for chlordane. A significant reduction of lead and mercury concentrations was found, but there was no clear linear or exponential trend. The decreases observed could be explained by a decrease in food contamination, by changes in dietary habits, or, most likely, by a combination of both (Journal Abstract).
of PCBs in the breast milk of Inuit women was found to be almost five times that of the Caucasian women, a highly statistically significant difference. In the North, no significant difference was seen between settlements (Journal Abstract).


Keywords: Health/Health Risks/Inuit Women

Abstract: Inuit women’s perceptions of health risks from potential contamination in the Arctic food chain were investigated in 1995 through in-depth interviews with 47 women in a Canadian Arctic community. This number represents 34% of the eligible participants in the population of the research community. Many of these Inuit women suggest that pollution can appear in a variety of forms, from drug and alcohol consumption to visible air and water contaminants to possible invisible contaminants in Arctic wildlife. Concepts of pollution—starting with the individual body and extending to the body politic—are influenced by a complex of sociocultural factors arising from historical and contemporary community life (Journal Abstract).


Keywords: Canada/Health/Heavy Metals/Inuit Women/Manitoba/Pollutants/ Polychlorinated Biphenyls

Abstract: Inuit women’s perceptions of pollution are examined through a qualitative ethnographic study conducted in Coral Harbour, Nunavut. Pollution is evident in the Arctic food chain through the presence of such substances as polychlorinated biphenyls (PCBs) and heavy metals. This study examines the cultural construction of Inuit women’s perceptions of pollution. A broad cultural conception of pollution was utilized in which pollution is understood as the culturally constructed disintegration of social boundaries. Using a feminist methodology, in-depth interviews were conducted with 47 Inuit women in order to highlight women’s voices and to contrast their discourse with the scientific discourse and the discourse of the popular press regarding pollution in the North. For many Inuit, cultural identity is linked to the procurement and consumption of traditional foods. The possibility of access to their foods being limited by pollution or perceptions of pollution in the Arctic food chain concerned Inuit women as this would pose a threat to their cultural identity. Many women stated a willingness to consume their foods despite the potential risk of contaminants. Inuit women are aware of the discourses on contaminants but their concerns focus on pollution and the social aspects of pollution. Their perceptions of pollution focus on the invasion of pollutants, such as drugs and alcohol which have been brought into their communities from the outside and which are causing disruptions.


Keywords: Health/Polychlorinated Biphenyls

Abstract: A study was conducted to determine concentrations of polychlorinated biphenyls (PCBs) in local fish and to establish patterns of fish consumption of nursing Mohawk women residing near three industrial hazardous waste sites. From 1986 to 1992, 97 Mohawk women were interviewed within one month postpartum. A comparison group consisted of 154 nursing Caucasians. Samples of 348 local fish were analyzed for PCBs. The results indicated that fish in the Mohawk area, especially those collected offshore from the waste sites, had been contaminated with PCBs. The dietary data showed a greater past prevalence of local fish consumption among Mohawk mothers, with an overall annual mean of 23.5 local fish meals more than one year before the pregnancy, compared with 14.1 for the control women (p < 0.001). The prevalence of consumption by the Mohawks, however, declined over time, resulting in overall mean rates of 9.2 local fish meals one year or less before pregnancy, and 3.9 meals per year during pregnancy (p < 0.001 for linear trend). Compared to the Mohawks, significantly fewer control women stopped eating local fish, and their rates declined less sharply. A secular trend was also observed in the overall rate of consumption during pregnancy for the Mohawks, with those who gave birth in 1986-1989 having a mean of 10.7 local fish meals per year during pregnancy, compared with means of 3.6 and 0.9 respectively for women who delivered in 1990 and 1991-1992 (p < 0.05 for linear trend). No such trend was apparent for the controls. No background variable was significantly related to the rate of local fish consumption among the Mohawks, but a decrease over time in the rate of local fish consumption was greater among those Mohawks who ate the most local fish initially (r = -0.76, p < 0.001), or who also reduced their alcohol intake during pregnancy (r = 0.35, p < 0.05). Mohawks were also more likely than the controls to trim the fat, remove the skin from, and fry and fish they ate during the past year. These dietary changes may be the result of advisories that have been issued over the past decade recommending against the consumption of local fish by pregnant and
Abstract: Cytochrome P-450 1A2 (CYP1A2) is an enzyme involved in the metabolic activation of some carcinogens and is believed to be induced by xenobiotics. Very few studies, however, have investigated the association between environmental exposures and in vivo CYP1A2 activity in humans. To address this issue, a study was conducted of CYP1A2 activity among Native Americans exposed to polychlorinated biphenyls (PCBs) from the consumption of fish from the St. Lawrence River. At the Mohawk Nation at Akwesasne (in New York and in Ontario and Quebec, Canada), 103 adults were interviewed, and they donated blood for serum PCB analysis and underwent the caffeine breath test (CBT), a safe and noninvasive procedure that uses caffeine as a probe for CYP1A2 activity in vivo. The results supported the findings of other studies that CBT values are higher among smokers and men and lower among women who use oral contraceptives. Despite a relatively low average total PCB body burden in this population, the sum of serum levels for nine mono- or di-ortho-substituted PCB congeners showed positive associations with CBT values (p = 0.052 wet weight and p = 0.029 lipid adjusted), as did toxic equivalent quantities (TEQs; p = 0.091 for wet weight and 0.048 for lipid adjusted). Regarding individual congeners, serum levels of PCB-153, PCB-170, and PCB-180 were significantly correlated with CBT values. The results support the notion that CYP1A2 activity may be a marker of an early biological effect of exposure to PCBs in humans and that the CBT may be a useful tool to monitor such effects. Key words: cytochrome P-450 1A2, hazardous waste, Indians, North American, PCB, polychlorinated biphenyls (Journal Abstract).


Keywords: Aboriginal Women/First Nations/ Gender/Lead/Hydroelectric Project/James Bay/ Cree

Abstract: This study examines the relationship between First Nations and the environmental and social impact assessment of large resource developments in the North, particularly whether there is a gender bias in the scoping provisions of the federal Environmental Assessment and Review Process (EARP). The study examined Phases I and II of the James Bay hydroelectric project in the Village of Chisasibi, the community most directly affected by Phase I. It also identified those impacts particular to women: where there is a detectable gender bias within Cree society that may have led to women experiencing different effects or the same effects differently; whether the structure of the Cree society limits the extent to which women participated in public consultation efforts to identify potential impacts; and whether there is a bias in EARP against women.


Keywords: Health/Health Risks/ Polychlorinated Biphenyls

Abstract: Exposure to polychlorinated biphenyls and organochlorine pesticides through traditional food resources was examined for Arctic indigenous women living in two cultural and environmental areas of the Canadian Arctic -- one community representing Baffin Island Inuit in eastern Arctic and two communities representing Sahtu Dene/Metis in western Arctic. Polychlorinated biphenyls, toxaphene, chlorobenzenes, hexachlorocyclohexanes, dichlorodiphenyltrichloroethane, chlordane-related compounds and dieldrin were determined in local food resources as normally prepared and eaten. Quantified dietary recalls taken seasonally reflected normal consumption patterns of these food resources by women in three age groups: 20-40 y, 41-60 y and > or = 61 y. There was wide variation of intake of all organochlorine contaminants in both areas and among age groups for the Sahtu. Fifty per cent of the intake recalls collected from the Baffin Inuit exceeded the acceptable daily intake for chlordane-related compounds and toxaphene, and a substantial percentage of the intake records for dieldrin and polychlorinated biphenyls exceeded the acceptable or tolerable daily intake levels. Primary contributing foods to organochlorine contaminants intake for the Baffin Inuit were meat and blubber of ringed seal, blubber of walrus and muktak and blubber of narwal. Important foods contributing organochlorine contaminant to the Sahtu Dene/Metis were caribou, whitefish, inconnu, trout and duck. The superior nutritional benefits and potential health risks of traditional food items are reviewed, as are implications for monitoring organochlorine contaminant contents of food, clinical symptoms and food use (Journal Abstract).
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Keywords: Canada/Health/Inuit Women/Methylmercury/Polychlorinated Biphenyls

Abstract: The objectives of this study were to identify maternal characteristics associated with traditional food consumption and to examine food items associated with polychlorinated biphenyls (PCBs) and mercury body burden in pregnant Inuit women from northern Quebec. We interviewed women from three communities at mid-pregnancy and at one and eleven months postpartum. We measured PCBs, Hg, and selenium in maternal blood; Hg was also measured in maternal hair. The women reported eating significant amounts of fish, beluga muktuk/fat, seal meat, and seal fat. Although consumption of fish and seal was associated with lower socioeconomic status, consumption of beluga whale was uniform across strata. Fish and seal meat consumption was associated with increased Hg concentrations in hair. Traditional food intake during pregnancy was unrelated to PCB body burden, which is more a function of lifetime consumption. This study corroborates previous findings relating marine mammal and fish consumption to increased Hg and selenium body burden. Despite widespread knowledge regarding the presence of these contaminants in traditional foods, a large proportion of Inuit women increased their consumption of these foods during pregnancy, primarily because of pregnancy-related changes in food preferences and the belief that these foods are beneficial during pregnancy (Journal Abstract).


Keywords: Canada/Chlorinated Pesticides/Health/Health Risks/Lead/Mercury/Methylmercury/Newborn/Polychlorinated Biphenyls

Abstract: The Inuit population residing in Nunavik (northern Quebec, Canada) relies on species from the marine food web for subsistence and is therefore exposed to high doses of environmental contaminants such as polychlorinated biphenyls and methylmercury and to a lesser extent lead. In view of the neurotoxic properties of these substances following developmental exposure, we initiated a study on infant development in this remote coastal population. Here we report the magnitude of prenatal development in this remote coastal population. We conducted interviews during the women’s pregnancies and at one and eleven months post partum and collected biological samples for mercury, lead, polychlorinated biphenyls (PCBs), and chlorinated pesticides analyses as well as selenium and N-3 polyunsaturated fatty acids (n3-PUFA). Cord blood, maternal blood, and maternal hair mercury concentrations averaged 18.5 µg/L, 10.4 µg/L, and 3.7 µg/g, respectively, and are similar to those found in the Faroe Islands but lower than those documented in the Seychelles Islands and New Zealand cohorts. Concentrations of PCB congener 153 averaged 86.9, 105.3, and 131.6 µg/kg (lipids) in cord plasma, maternal plasma, and maternal milk, respectively; prenatal exposure to PCBs in the Nunavik cohort is similar to that reported in the Dutch but much lower than those in other Arctic cohorts. Levels of n3-PUFA in plasma phospholipids and selenium in blood are relatively high. The relatively low correlations observed between organochlorines and methylmercury concentrations may make it easier to identify the specific developmental deficits attributable to each toxicant. Similarly, the weak correlations noted between environmental contaminants and nutrients will facilitate the documentation of possible protective effects afforded by either n3-PUFA or selenium against neurotoxic contaminants (Journal Abstract).


Keywords: women

Abstract: The author of this article reports on Indigenous Women’s Network and Seventh Generation Fund’s ‘Endangered Peoples, Endangered Species Campaign’. Indigo Girls’ ‘Honour the Earth 1995’ benefit tour; Purpose of the campaign; Previous benefit tours by Indigo Girls.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Adequate Power/Healthy Eco-System and Sustainable Relations Between Human Beings and the Natural World
Abstract: Some polychlorinated biphenyl (PCB) congeners are CYP1A1 inducers, and induction of this enzyme in the placenta has been linked to adverse effects on fetal development. The objective of this study was to determine if the body burden of PCBs is related to placental CYP1A1 activity in Inuit women from Nunavik (northern Quebec), a population highly exposed to organochlorines. Placenta and cord blood samples were obtained from 35 Inuit women and 30 women from a southern Quebec community exposed to background levels of organochlorines. We measured PCB concentrations in all cord plasma samples and in a subset of placenta samples from the Nunavik group and assessed CYP1A1 activity (ethoxyresorufin-O-deethylase: EROD) in placental microsomes from all participants. Concentrations of PCBs in cord plasma were strongly correlated to those in placenta (Pearson’s $r = 0.77$-$0.97$, $p < 0.001$) and were on average fourfold higher in Inuit women than in southern Quebec women [for PCB 153, the geometric means (geometric SDs) were 83.3 (1.9) ng/g lipid vs. 16.9 (1.6) ng/g lipid, respectively]. Despite this difference in PCB body burden, both study groups had similar concentrations of PCBs to EROD activity when data were stratified according to tobacco smoking. Although simple correlation analysis first showed that placental EROD activity was correlated with PCB 153 plasma concentration in the Nunavik group, a multivariate analysis failed to demonstrate a significant contribution of PCBs to EROD activity when tobacco smoking was included in the analysis. We conclude that dietary exposure to PCBs in Inuit women from Nunavik does not significantly influence EROD activity in the placenta, implicating tobacco smoking as the major modulating factor (Journal Abstract).


Keywords: Canada/Health/Inuit Women/Placenta/Polychlorinated Biphenyl/Tobacco smoke


Keywords: Justice/Native women/women

Abstract: Redbird deconstructs the term “sovereignty” through a holistic lens. Tracing historic violation of Native women through American colonization, she reveals how contemporary American Indian policy continues to constrain women. Her remedy is to develop policy that will place true power - authority and responsibility - in the hands of women’s organizations to ensure the revitalization of society grounded in traditional knowledge and “the genuine sovereignty, which comes from the family and clan - the basic institutions of Native society.”


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/ Adequate Power/British Columbia/ Canada/Diabetes/First Nations/Free Trade/ Gender/Health/Healthy Eco-System and Sustainable Relations Between Human Beings and the Natural World/Status of Women

Abstract: The gender implications of free trade on Aboriginal women, particularly as it relates to forestry, was examined by the authors in this study commissioned by Status of Women Canada. The report focused on the experiences of First Nations women in Western Canada who were taking a lead in advocating for Aboriginal title and rights, to protect the environment and preserve traditional lifestyles. Thirty-four First Nations women living on or near three reserves in British Columbia and Saskatchewan were interviewed. Sharing circles were held to gather their stories and perspectives on the effects of forestry and free trade. The women were deeply concerned about the pace and manner in which trade in timber has been undertaken in Canada. Their study indicates that forestry initiatives, controlled by Aboriginal people have not consistently included the voices of women. Women are uncertain of how their communities are benefiting from free trade and many have organized to resist the economic development that is springing up on their traditional lands without their input and consent. While the focus of this article is on forestry, it does highlight factors that have a direct outcome on the health of Aboriginal women and communities members. The loss of traditional foods together with commercialization is increasingly forcing people to live off store-bought foods which create health problems, such as diabetes and dental concerns. Health issues, the authors note, are rarely included as part of environmental assessments when looking at the impact to wildlife and other aspects of the ecosystem. This perspective is gender specific as women tend to look at the human impacts rather than the financial and economic returns of such endeavours. This report contributes to the discussion of women and trade agreements by making the connections between First Nations women, forestry and free trade. It begins with
were negatively correlated with the sum of quantitated chlorinated phenolic compounds (sum PCP and HO-PCBs; r = -0.47, p = 0.01, n = 20) and were not correlated with any PCB congeners or PCBs. This suggests that PCP and HO-PCBs are possibly altering thyroid hormone status in newborns, which could lead to neurodevelopmental effects in infants. Further studies are needed to examine the effects of chlorinated phenolic compounds on thyroid hormone status in newborns (Journal Abstract).


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Keywords: Breastfeeding/Breast Milk/ Chemical Contaminants/Diet/Dioxins/ Pesticides/Health/ Pollutants/Polychlorinated Biphenyls

Abstract: Research on environmentally related chemical contaminants in breast milk spans several decades and dozens of countries. The ability to use this research as an environmental indicator is limited because of a lack of consistent protocols. Data on xenobiotics in breast milk are influenced by choices in sample selection, sample pooling, analysis, and reporting. In addition, most studies have focused only on a small panel of persistent organic pollutants, despite indications that a wide range of additional chemical contaminants may also enter breast milk. Despite these limitations, however, it is possible to draw some generalizations. In this paper we review available data on levels of organochlorine pesticides, polychlorinated biphenyls (PCBs), polybrominated dibenzodioxins (PCDDs), polybrominated diphenyl ethers (PBDEs), metals, and solvents in breast milk. Examples drawn from around the world illustrate the available data and the patterns that have appeared in various areas over time. Over the past few decades, levels of the organochlorine pesticides, PCBs, and dioxins have declined in breast milk in countries where these chemicals have been banned or otherwise regulated. In contrast, the levels of PBDEs are rising. Regional differences in levels of xenobiotics in breast milk are related to historical and current local use patterns. Diet is a major factor that influences breast milk levels of persistent organic pollutants, with patterns in fish consumption playing a particularly significant role. Improved global breast milk monitoring programs would allow for more consistent data on trends over time, detection of new xenobiotics in breast milk, and identification of disproportionately exposed populations (Journal Abstract).

Keywords: Canada/Diet/Health/Lead/Mercury/Well-being

Abstract: This paper assesses the impact on human health of exposure to current levels of environmental contaminants in the Canadian Arctic, and identifies the data gaps that need to be filled by future human health research and monitoring. The concept of health in indigenous groups of the Arctic includes social, cultural, and spiritual dimensions. The harvesting, sharing and consumption of traditional foods are an integral component to good health among Aboriginal people, influencing both physical health and social well-being. Traditional foods are also an economic necessity in many communities. Consequently, the contamination of country food raises problems which go far beyond the usual confines of public health and cannot be resolved by health advisories or food substitutions alone. The primary exposure pathway for the contaminants considered in this paper is through the traditional northern diet. For the Inuit, the OCs of primary concern at this time from the point of view of exposure are chlordane, toxaphene, and PCBs. Exposures are higher in the eastern than in the western region of the North. For Dene/Métis, exposure to OCs is in general below a level of concern. However, estimated intake of chlordane and toxaphene has been found to be elevated for certain groups and is a cause for concern if exposures are elevated on a regular basis. The developing foetus and breastfed infant are likely to be more sensitive to the effects of OCs and metals than individual adults and are the age groups at greatest risk in the Arctic. Extensive sampling of human tissues in the Canadian North indicate that a significant proportion of Dene, Cree and Inuit had mean maternal hair mercury levels within the 5% risk-range proposed by the WHO for neonatal neurological damage. Based on current levels, lead does not appear to pose a health threat while cadmium is likely only a major risk factor for heavy smokers or consumers of large amounts of organ meats. Consumers of traditional foods are exposed to an approximately sevenfold higher radiation dose than non-consumers of traditional foods due predominantly to the bioaccumulation of natural radionuclides in the food chain. Risk determination for contaminants in country food involves a consideration of the type and amounts of food consumed and the sociocultural, nutritional, economic, and spiritual benefits associated with country foods. Risk management options that minimize the extent to which nutritional and sociocultural aspects of Aboriginal societies are compromised must always be considered (Journal Abstract).


Keywords: Canada/Pollutants/Polychlorinated Biphenyls

Abstract: During the past 20 years a number of studies have found neurological and immunological effects in the developing fetus and infants exposed to background or only slightly elevated levels of persistent organic pollutants (POPs) such as polychlorinated biphenyls (PCBs). To address concerns arising from possible increased human exposure in the Arctic and possible effects of POPs, all circumpolar countries agreed in 1994 to monitoring of specific human tissues for contaminants in the Arctic under the Arctic Monitoring and Assessment Program (AMAP). Mothers in eight circumpolar countries contributed blood samples that were analysed at a single laboratory for 14 PCB congeners (IUPAC No. 28, 52, 99, 105, 118, 128, 138, 153, 156, 170, 180, 183, 187) and 13 organochlorine pesticides (aldrin, beta-hexachlorocyclohexane [beta-HCH], dichlordiphenyltrichloroethane (p,p’-DDT), diphenyldichloroethylene (p,p’-DDE), dieldrin, heptachlor epoxide, hexachlorobenzene (HCB), mirex, and the chlordane derivatives alpha-chlordane, gamma-chlordane, cis-nonachlor, oxychlordane and trans-nonachlor). Inuit mothers from Greenland and Canada have significantly higher levels of oxychlordane, transnonachlor and mirex than mothers from Norway, Sweden, Iceland and Russia. Inuit mothers from Greenland also have significantly higher levels of these contaminants than Inuit mothers from Canada and Alaska. These differences among Inuit groups may represent regional dietary preferences or different contaminant deposition patterns across the Arctic. Levels of PCBs are also elevated among some Arctic populations due to their consumption of marine mammals and are in the range where subtle effects on learning and the immune system have been reported. The Russian mothers who consume mainly food imported from southern Russia have elevated levels of DDT, DDE, beta-HCH and a higher proportion of lower chlorinated PCB congeners. This study has allowed an assessment of the variation of contaminants such as PCBs and various organochlorine pesticides (DDT, chlordane, etc.) in human populations around the circumpolar north (Journal Abstract).
10. Health of Specific Groups of Aboriginal Women

This area will focus on the health experiences of women in prison, women living within an urban context, and the physical, cognitive and learning disabilities of Aboriginal women who have disabilities. Issues for older Aboriginal women, such as menopause, will also be a factor examined in this section. It includes health issues for lesbian women involved in same-sex relationships. Research examining the distinct health needs of First Nations, Métis, and Inuit women is also reviewed. In addition research looking at a wide variety of health factors for other indigenous women from the United States, Australia and other countries is also reviewed.

This section identifies numerous research material that has looked at health among different Aboriginal groups that has been further categorized into nine subcategories looking at: (1) Urban Aboriginal women; (2) Elderly women; (3) First Nations women; (4) Métis women; (5) Inuit women and other northern Aboriginal women; (6) women in prison; (7) Two-spirited women; (8) Aboriginal women in Quebec; (9) and Disabled Aboriginal women. Each sub-section has focused on a wide variety of health issues pertaining to Aboriginal women. Further, while the material has been subdivided into different areas it must be noted that a good majority of the research here can easily cross over and do in fact appear in other areas that are identified in this review of the literature.

Urban Aboriginal Women

Abbott (2003) documents the experiences of Aboriginal women and children who leave the reserve upon marital breakdown. Her research details some of the well-being issues that impact Aboriginal women and children specifically and that are not appropriately addressed by the Indian Act. The marginalized voices of Aboriginal women on health concerns were the focus of research by Benoit, Carroll, Lawr and Chaudhry (2001). Urban perspectives on health meanings, dynamics and governance issues were also the point of interest in research conducted by Garteig (1995), Goldenberg (2001) and Hooper and Hagey (1994). Jaccoud (2005) provides a detailed examination of the experience of ten urban Aboriginal women in Montreal and how each experienced marginalization. Jaccoud’s study reveals that many of the women had children who had been apprehended by child welfare, received income security payments, and experienced dependency on drugs and alcohol at some point in their lives and that three out of the ten women experienced health problems such as diabetes, anemia and HIV. The strong resourcefulness of urban Aboriginal women rooted in their traditional Aboriginal beliefs systems was documented by Silver (2004) in his examination of Winnipeg’s inner city.

Elderly Women

The aim of this section is on the health issues explicitly connected to the experiences of older Aboriginal women. Unfortunately very little research actually exists in this area. However, there are snippets of research where issues relevant to elderly persons can provide insight into the experience of older Aboriginal women. One such example is found in the research on the needs of Aboriginal Elders conducted by the National Indian and Inuit Community Health Representatives Organization (2002) on programs and services for frail elderly people. This study, while not academically based, provides some of the most up-to-date information on the health needs of the older Aboriginal people. As noted in other sections throughout this paper, this research does not provide a gender analysis of the health realities for older Aboriginal women; however, regardless of its lack of gender analysis, many of the issues highlighted within it can be just as easily be construed as applicable to older Aboriginal women as well.

The report by the Indian and Inuit Community Health Representatives Organization (2002) indicates that there are many factors affecting the health and level of involvement in community programs by the Aboriginal elderly across Canada. Briefly, some of the factors that can impact the health of Aboriginal Elders,
as outlined in the report, include: (1) the need for more opportunities for social interaction, exercise, recreation and leisure time activities that are culturally specific; (2) that isolation from family, friends and resources is a barrier to Elders becoming more physically active; (3) physical activity programs for the frail elderly must consider isolation, depression and loneliness factors. Some elderly people feel much fear about losing their independence. Programs must boost self-esteem and promote the feeling of self-reliance as well as support the elderly and help them understand the pleasures they will gain from activity; (4) transportation issues are important considerations when developing programs for the elderly to keep them physically active. Many Elders with disabilities also have no available public transportation. Lack of adequate transportation is a legitimate health concern of Elders. Access to medical escort/transportation services is an essential and critical health service need for all Elders both on and off reserve; (5) Elders are often compromised financially, making the purchase of fresh, attractive food more difficult, with resultant impacts on their health. People who are poorer are less likely to be physically active. Poverty can mean that older people may suffer nutritionally and have fewer opportunities to remain active. Some older people could therefore benefit from a meal delivery program similar to “meals on wheels”; (6) Families play a huge role in ensuring that Elders retain a sense of dignity and independence. Most Aboriginal Elders desire to remain in their own homes and in their own communities for as long as they possibly can. To ensure that can happen, family members entrusted with their care should benefit from caregiver training and family support; (7) Community and family members need to increase their efforts to educate Elders about the benefits of active living and healthy eating, including their essential role in maintaining independence. Many frail Elders - especially those who do not speak English as a first language – may have trouble reading and understanding medical instructions. Consideration must be given to those elderly who speak English as a second language and must be inclusive of those who speak their native languages.

Sometimes barriers exist in terms of reading and comprehension but also in terms of failing eyesight or hearing. Physical activity programs must also consider all reading levels and also those who have difficulty seeing and hearing, as this may be a barrier to following instructions. The ability to solve problems, read and comprehend self-care messages also improves the likelihood that a person will practice healthy lifestyle behaviours. Those who can read or at least understand feel more independence and have higher self-esteem; and lastly, (8) Elders need to be more involved with youth as they have a lot to teach. The traditions and stories that Elders carry are invaluable to maintaining indigenous knowledge and culture.

A significant proportion of older Aboriginal people were forced to attend residential schools as children. Residential school abuses, and the impact of these abuses on the individual as well as on multiple generations of family and community is evident from the large body of research which examines the residential school experiences of Aboriginal people. It is difficult to quantify the specific health effects of residential school on long-term health outcomes since the impact was on entire communities, and there are major cofounders such as employment, education level, and income. The FNIHS did find that 39 per cent of respondents identified themselves as residential school survivors: likely an underestimation, as participants were advised to skip this question if it was viewed as a sensitive issue that they did not want to discuss. Sixty-five per cent of those who attended residential school reported fair or poor health. The pervasive impact of the residential school experience on individuals, families, and communities needs to be taken into consideration when examining health status.

Aside from the source above, examples of research focusing on the role of older Aboriginal women in community outreach programs with youth can be found in the research conducted by Vicq, Dufour, Keewatin, Arcand and Whitecalf (1995). Project staff visited grandmothers in their homes and brought...
them together to talk about their own health as well as that of their families and community. The authors note that this sharing was instrumental to the women’s health and well-being but also played a part in strengthening the continuity of knowledge and knowledge transfer within and between community youth and members. Dickson and colleague Green (2001) conducted a two-year research project with older Aboriginal women using participatory action research involving older Aboriginal women in studying Aboriginal women’s health needs. Julie Cruikshank, well-known for her research in oral history, provided commentary on a Yukon Elder and member of the Crown clan who was born more than 100 years ago (1994). Other research based on the compelling collection of first person narratives of Aboriginal Elders includes Kulchyski, McCaskill and Newhouse’s (1999) work, who interviewed male and female Elders on a range of topics such as: life history, creation stories, important aspects of Native culture, using traditions today, traditional dwellings, Elders, humour, work, grieving, ceremonies, time, relation between language and culture, traditional medicines and foods, education, life on the land, traditional justice, attaining balance, relations with non-natives, dreams and prophecies. Other researchers that focused on storytelling and older Aboriginal women include, Stories from Kohkom: Sharing our Values, Teaching our Young, compiled by research colleagues Vica, Dufour, Keewatin, Arcand and Whitecalf (1995), noted earlier.

Research that has considered health aspects specific to older Aboriginal women, such as menopause and its impact on co-existing diseases including cardiovascular disease, hypertension, and diabetes mellitus, include Webster (2002), and Stern and Condon’s (1995) research on elderly Inuit women’s knowledge regarding reproductive health. Pregnancy complications of older Aboriginal women received small focus in Chalmers and Wen’s (2004) research while the Aboriginal Nurses Association of Canada (2002) also provided some insight into reproductive issues for older Aboriginal women specifically. Chester, Robin, Koss, Lopes and Goldman (1994) focused on the violence against older Aboriginal women, noting that gender relations are understood and enacted in culturally specific ways, and that this understanding must inform analysis and policy strategies that are solution oriented. Kinch and Jakubec (2004) explored the meaning of older women’s experiences in negotiating health care, while at the same time, inspired consciousness raising, activism and reflection by the women participants in understanding the multiple margins (e.g. being older, being a woman, being a member of a visible minority) that constrain and challenge their ability to access health care. Research on bone fracture rates by colleagues Leslie, Derksen, Metge, Lis, Salamon, Wood Steiman and Ross (2004) indicates that older First Nations women had significantly higher rates of hip, wrist and spine fractures than other non-First Nations women born in the same year. Other research on exercise and Aboriginal peoples was the focus of McLintock’s (1999) study with Aboriginal Elders in six First Nations communities in Alberta. The Concept of Active Living was introduced in the community to improve the functional independence of the seniors, allowing them to live more independently, be more fully involved in the activities of their communities, and to rebuild their traditional roles as Elders. McLintock states that physical activity is acknowledged as having an important part to play in the healing and control of many of the health problems experienced by Aboriginal Elders.

First Nations Women

The research under this sub-category looks specifically at health concerns for First Nations women recognized under the Indian Act. First Nations women’s experiences of dual relationships with alcohol and drug abuse counselors indigenous to their communities were explored by Badine (2003) who notes that counselling among this group can be very effective if the therapeutic relations can grow into an enduring relationship where clients trust the counselor and eventually view the counselor as role model. Williams, Lange, Bayfield, Beardy, Lindsay, Cole, et al. (1992) focused on the outcome of a one-year study to review the Sioux Lookout Zone’s health care system, which
interprets discourse on the Native women of the Nishnawbi-Aski Nation regarding their experience of health and health care. Innovative research on the role of place and geography in shaping experiences of health among Aboriginal people was the focus of Wilson’s (2005) dissertation. Wilson particularly notes that meanings of place and the relationship between place and health have culturally specific dimensions that have been overlooked, especially with respect to First Nations people among the research conducted to date on health and Aboriginal peoples.

Métis Women

Bartlett (2003), an Aboriginal scholar and doctor, undertook research which elicited descriptions about what constitutes health from the perspectives of Métis adult and Elder women and indicates that her findings should be included in future health survey research with Métis groups. A more recent research article looking at the perceptions of health and well-being from a Métis sample of women was also conducted by Bartlett in 2005. Utilizing a “talking circle” methodology, the author was able to elicit a distinction between what it means to have health versus what it means to have well-being. Métis women indicated that for them health was more reflective of physical issues whereas well-being was much broader and included holistic and inclusive dimensions of spirituality, emotional, physical and mental/intellectual aspects associated with the Aboriginal Life Promotion Framework (similar to the medicine wheel teachings).


Inuit and Other Northern Aboriginal Women

The literature under this subcategory looks at Inuit inmates’ perspectives on identity, crime, rehabilitation, the role of women and their future and how best to facilitate the unique needs of the Inuit culture (2000). The health characteristics among Aboriginal women of northern Quebec compared to women in the rest of the province were examined by Lavallee and Bourgault (2000). Their study indicates that the northern populations in Quebec had a larger proportion of young women that Aboriginal women have heavier family responsibilities than other Quebec women and that Inuit women had a much higher prevalence of tobacco use. Lavallee and Bourgault also note that alcohol consumption was less in northern women but that the quantity consumed was higher compared to other Quebec women. Other health indicators reveal that Cree women tended to be more obese, had higher levels of blood glucose and lower levels of cholesterol and that Inuit women tend to have lower rates of hypertension and higher rates of declared hearing problems and mental disorders. Lavallee and Bourgault state that knowing about the similarities and differences among these Aboriginal women can assist decision makers in setting priorities with regard to maintaining and improving women’s health. Traditional healing approaches (such as midwifery and attending to injuries) applied within Nunavut by Inuit people was examined by Melynchuk, Anawak, Idlout, Kanayk, Reed and Quirke (2000). Holistic world views of the Inuit are pointed out by Mailloux (2001) as an essential component of an Inuit Health program. Mailloux suggests that using traditional Inuit knowledge would be useful in developing manuals for medical staff and social workers in the North and for Inuit going out on the land. Morrison (1988) interviewed Dene women about their educational, social, health and participation in traditional roles in order to determine variables that contribute most to feelings of isolation. Rojas (2001) provides a subjective exploration of the images of Inuit women in narrative texts.
Annotated Overview of Research on Aboriginal Women, Health and Healing

about Inuit people. Rojas states that imposed images of Inuit women can be seen as an oppressive force that presently confines Inuit women who once held a highly important decision-making role in Inuit society. The gaps in the research literature surrounding the health concerns of Inuit and northern women were noted by Wakewich and Parker (2000). Wachowich, et al. (1999) provides stories about the lives of three Inuit women while the Pauktuutit Inuit Women’s Association of Canada (2002) and Sutherns, McPhedran and Haworth-Brockman (2005) more specifically address the health concerns of rural, remote and northern women. The changes in the transmission of cultural information about life processes for three generations of Inuit women in a central Canadian village was at the centre of research conducted by Stern and Condon (1995) around Inuit women’s reproductive health and the historical and social roots of change regarding reproductive health in the North.

Aboriginal Women in Prison

Sadly, a fairly large body of research exists regarding the experiences of provincially and federally incarcerated Aboriginal women. Aboriginal women are overrepresented in correctional institutions and in many cases have an even higher overrepresentation than Aboriginal men (AJI, 1991) and are often incarcerated due to the seriousness of their offences (La Prairie, 1987). LaPraire states that the overincarceration of women lies with the effect of colonization and assimilation on traditional lifestyles resulting in role loss for Native males and the subsequent victimization of women (1989). Lash (2000), writing on the justice system’s treatment of Aboriginal women, explored the Supreme Court of Canada Gladue decision and argued that the court’s refusal to consider Aboriginal women’s background and history of abuse constitutes judicial bias. Other research that has focused on Aboriginal women in prison include that by Chisholm-Smith (1995), who in the course of conducting research on healing, looked at issues faced by incarcerated women in the Northwest Territories, of which the majority were of Aboriginal descent. Monture-Okanee, an Aboriginal legal scholar, has also written extensively on Aboriginal people and the justice system and has particularly focused on that gaps that still exist about Aboriginal women’s justice struggles and the need to remedy the negative experiences of Aboriginal women in prison (1992 and 1999). Palumbo (1992), Nahanee (1995), Morin (1999), MacDonald (1999), MacDonald and Watson (2001) and the Native Women’s Association of Canada (1996 and 2003) have all undertaken extensive research into issues that impact federally sentenced Aboriginal women.

While not all the research under this subcategory deals specifically with health issues among incarcerated Aboriginal women, this body of research does indicate that incarceration does impact significantly the well-being of Aboriginal women, their children and their families and communities. The long-term impact of incarceration on Aboriginal mothers and their children in particular has been inadequately addressed in the research. Other research that looked at the impact on children of incarcerated mothers was done by Cunningham and Baker, who summarized findings of a study conducted with 45 women in the Ontario correctional system (Cunningham & Baker, 2004). Their study indicates that not only are children invisible “collateral” victims of their mothers’ crimes, but they too are incredibly impacted. Because of their mothers’ incarceration, they become secondary victims of crime, experiencing residential disruptions, school changes, separation from siblings, foster care, or periods of time spent with convenient but inappropriate caretakers. They feel shame, isolation, abandonment, confusion, grief, and loneliness. Moreover, Cunningham and Baker state that a mother’s imprisonment often affects families already challenged by poverty, inadequate housing, abusive or exploitative partners, mental illness, substance abuse and the legacies of child abuse. Even after a mother returns, children are forever changed simply by knowing she could be gone again. Few social services are designed to help them navigate the period before, during and after a mother’s absence. Of the 45 women who were interviewed for their study, it was found that among them,
they had 90 children, with the average age of the children being 8 years old. It is not known whether Aboriginal mothers were included in this study. Most of the children were age 6 or under and most had siblings (78%), from whom they were separated while their mother was in prison. Approximately half of these children lived under an open child protection file and many (43%) had no contact with their biological father (Cunningham & Baker, 2003). For many of these youngsters, the stage is set for a troubled adolescence. Cunningham and Baker note that mothers have recognized disturbing trends in their children as they become teenagers, seeing them re-live events from their own youth such as substance use, depression, survival crime, school drop-out, early emancipation from adult care, exploitation by others, and early childbearing. Mothers know this story better than most. Cunningham and Baker found that 40% of the women in their study had themselves been separated from their own mothers, fathers, or both, when they were children, because of parental incarceration. Now, as mothers raising the next generation, half of their own teenaged children have already been in youth custody (Cunningham et al., 2003). Similar studies have not been implemented with Aboriginal mothers and further research into this area would assist the child welfare and youth criminal justice sectors in understanding some of the trajectories and pathways that lead children and youth into the youth justice system as well as the unique needs of Aboriginal mothers and their children. Similar research would go a long way in developing supports to ensure an appropriate spectrum of services to address the needs of both women and children/adolescents who find themselves in these circumstances (Cunningham et al., 2003).

Two-Spirited Women

The health concerns of Aboriginal women in same sex relationships or with same-sex orientation has not been effectively addressed in the literature to date. Most of the literature in this area is generated in the United States. Brown (1997) has looked at the issues of identity, gender and health implications among this group, including a look at AIDS prevention and the development of AIDS services in both rural and urban environments. The only other article that looked at the concept of two-spirited people, gender, sexuality and how two-spirited, gay, lesbian, transgendered and other “marked” Native Americans feel about themselves was published in a co-written article by Jacob, Thomas and Lang (1997).

Aboriginal Women in Quebec

The body of literature under this section, while not extensive, casts a glance at the unique position and issues dealt with by Aboriginal women in various areas throughout Quebec. Research specifically on the health of Aboriginal women was undertaken by Hannis (2001), while a more general look at the health of Aboriginal people in Quebec as well as a discussion on the health determinants, Aboriginal women and the Canadian constitutional framework with regard to federal and provincial responsibility for Aboriginal health was done by O’Doherty (1997). Gill (1995) focused on the mobility of Amerindian women to Quebec urban centres while Jaccoud illustrated the living conditions and marginality experienced by ten Aboriginal women who were living in Montreal.

Aboriginal Women and Disabilities

There is almost no information on Aboriginal women’s experiences regarding disabilities other than an article by Demas (1993) who specifically addresses the needs of Aboriginal women with disabilities and an on-line resource devoted to issues affecting Aboriginal women with disabilities (The National Aboriginal Network on Disability, 1992). Demas (1993, p. 55), an Aboriginal woman with a disability herself, was one of the first women to write about services to Aboriginal women with disabilities. She noted that Aboriginal women have special needs that have not been addressed under existing health and community services both on and off reserve and that issues and concerns as expressed by disabled Aboriginal women must be incorporated into the creation of any new services or within the improvement of existing ones.
The National Aboriginal Network on Disability's on-line resource provides an excellent down-to-earth, gendered perspective on disabilities for the female Aboriginal population on reserve. Their website is the result of a review of the literature on disabilities, discussions with Aboriginal women, and a two-day “Aboriginal Women’s Circle on Disability” held in Ottawa in March 1992. The resulting publication “Voices in the Wilderness: Aboriginal Women and Disabilities” notes that while Aboriginal people with disabilities experience severe hardships, it is Aboriginal women in particular who experience a triple burden. Not only must Aboriginal women cope with problems directly associated with their disability, but they must also face added problems brought about by their gender and their membership in an oppressed racial minority group within Canada (The National Aboriginal Network on Disability, 1992). This report highlights that Aboriginal women with disabilities suffer from low self-esteem and are commonly considered unfit as sexual partners, mothers or contributors to the community and yet are sexually exploited and victims of violence. Furthermore, a woman’s disability affects her chances of getting married and bearing children and can therefore lower her status within the Aboriginal community. Disabled Aboriginal women receive no counselling on either birth control or sexuality. The testimony from the women who took part in this two-day circle also report that young girls with disabilities often isolate themselves and furthermore, they lack exposure to similarly placed role models. Young women with disabilities rarely know of successful Aboriginal women with disabilities who have and are achieving their goals (The National Aboriginal Network on Disability, 1992). In addition, mothers with children who are disabled must also contend with poor housing conditions, a lack of resources, respite services, programs and services, with which to meet the needs of their disabled children, making them vulnerable to the child welfare authorities within their communities (Valentine, 2001).

Other gender-neutral research on Aboriginal people with disabilities includes a report commissioned by the Assembly of Manitoba Chiefs in partnership with the Manitoba First Nations Employment and Training Centres to provide information on Manitoba First Nations people with a disability for planning purposes under the Aboriginal Human Resources Development Strategy. This document reports on the findings of a needs assessment study conducted in all Manitoba First Nations communities (Elias & Demas, 2001).

Specific research on disabilities generally for Métis peoples includes a document regarding the goals of an Empowerment Project initiated by the Métis National Council in 1999. The goal of that project was to empower Métis people with disabilities. The twofold objectives focused on: developing a national education, training and employment strategy for and by Métis people with disabilities; and enabling Métis organizations to increase the capacity of Métis people with disabilities to develop and implement programs and services addressing their needs (Métis National Council, 2000). Durst (2001) also looked primarily at disability issues for urban Aboriginal people. His two-year study examined the challenges faced by urban First Nations people with disabilities, many of whom leave their reserve communities in order to access health and social services and as a result, find themselves isolated, lonely and marginalized. He concluded that urban
First Nations individuals with disabilities rarely participate fully in meaningful economic (employment), social and leisure activities. Other gender-neutral research on Aboriginal disabilities has been conducted by Fricke (1998); Ng (1996); Durst and Bluechardt (2001 and 2004); and Valentine (2001). While this valuable research provides some understanding of the disabilities facing all Aboriginal groups generally, they lack a gendered perspective of the complexities for Aboriginal women and understanding as to how Aboriginal women cope with the disability issues within their own lives and the lives of those they nurture who have disabilities.

Gender-specific research on the lived experience of Aboriginal women with disabilities was examined by Wall (2000) in her thesis entitled “Disability and Well-being? The Story of an Aboriginal Woman.” Wall’s research essentially mirrors the conclusion found in the report completed by The National Aboriginal Network on Disability. That is, race, class, gender and disability are interrelated issues for disabled Aboriginal women, which can and do significantly impact and affect their quality of life.

There exists very little research exclusively directed at disability issues for Canadian Aboriginal women (Durst, Bluechardt, Morin, & Rezinsoff, 2001; National Aboriginal Network on Disability, 1992; Morris, 1999). Furthermore, there is a paucity of contemporary and current research on this specialized topic. The health resources which do exist generally focus on disability issues across the board for all Aboriginal people, Canadians and/or women generally rather than narrowly focusing on the gender realities faced by differently-abled Aboriginal women (Christophers & N.W.T.Council for Disabled Persons, 1993; Durst et al., 2001; Elias et al., 2001). Not only are Aboriginal women with disabilities excluded from mainstream health research but where research is performed about them, Aboriginal women largely participate only as subjects rather than being fully engaged as potential team members of a diverse research population (Morris, 1999). Most of the available literature in this area centres on the physical aspects of women’s disabilities with very little attention given to other additional and/or intangible disabilities that may also be experienced by Aboriginal women around cognitive and/or learning disability factors (although there is some attention given to alcohol abuse as another form of disability as highlighted by the research done by The National Aboriginal Network on Disability in its 1992 report). More research must be generated that focuses on the economic and health impacts to Aboriginal women with disabilities as their lives are marred by poverty, unemployment, discrimination and lack of education opportunities for advancement.

An alphabetical and numerical annotated list of resources referred to in this section or related to this theme is set out below.

Bibliography of Resources


Keywords: Aboriginal Women/women/British Columbia/Matrimonial Real Property/ Research/Children/Violence/First Nations/ Poverty/First Nations Women

Abstract: This study examines the economic, political and social impacts on Aboriginal women who are faced with marital breakdown and how these impacts affect their personal and family security. Using a qualitative research methodology in conjunction with various assistance from governmental and NGO partners, Aboriginal women residing in urban areas of British Columbia were asked to share their experiences on how their marital breakdown on the reserve positively or negatively affected them and their children. The author notes that there is a direct connection between domestic violence and lack of property rights for First Nations women. The vast majority of First Nations women who must leave domestically abusive situations leave without property and as a result, they and their children are relegated to a life of poverty. When First Nations women leave an abusive relationship on-reserve, there are long-term implications for their and their children’s financial situation, which negatively impacts

Keywords: British Columbia/First Nations/First Nations Women

Abstract: Using a phenomenological approach, this study explores First Nations women clients' experiences of dual relationships with alcohol and drug abuse counselors indigenous to the clients' communities. The goal of this study was to provide a description of the nature of his experience from First Nations women clients' perspectives. Descriptive data for the study was gathered through conversations with three First Nations women from rural British Columbia and Alberta. The thesis points out that counseling can be very effective if the therapeutic relationship can grow into an enduring relationship where clients trust the counselor and eventually view the counselor as a role model. In order to even out the power imbalance during the beginning phase of the relationship, the study recommends boundary management initiatives that will allow the enduring relationship to form much quicker.


Available Online: http://jich.oulu.fi/issues/63suppl2/ICCH12_Bartlett.pdf

Keywords: Canada/Health/Métis Women/Well-being/Research/women

Abstract: Because of the continuing poor health status of Aboriginal populations in Canada, along with increasing opportunity for Aboriginal-designed health surveys, it is argued that policies and programs, and the research from which they are derived, should be more solidly grounded within Aboriginal understandings of health and well-being. Survey research for Aboriginal populations usually draws on questions developed by and for mainstream Canadians. This paper stems from the author's Master's thesis study that elicited adult and elder Métis women's descriptions of 'what constitutes health' and 'what constitutes well-being'. Outlined are descriptions of Métis women's conceptions of health and well-being, as well as dimensions of well-being that should be included in health survey research (Journal Abstract).


Keywords: Health/Manitoba/Métis Women/Well-being

Abstract: The purpose of this article is to gain an understanding of the perception of health and well-being for a sample of Métis women in Manitoba and to consider whether this perception might be used to develop survey questions and to influence health promotion directed toward Métis women. A quasi-phenomenological tradition of enquiry was employed to gain understanding of the lived experience of participants. Data was collected from focus groups utilizing a 'talking circle' methodology. A participatory research approach involved three large Aboriginal organizations. Conceptions of health and of well-being are different entities for these Métis women. Health was most often more reflective of physical issues. Well-being was much broader, holistic and inclusive of the dimensions of spirituality, emotional, physical and mental/intellectual aspects of living, consistent with the first circle of the Aboriginal Life Promotion Framework (which is a framework tool for reflecting on life created by the author of this paper). The implications of this study should be important to health providers and policy developers regardless of sector. Métis women in this study show significant strengths in the spiritual, emotional and intellectual/mental aspects of life, areas that could be incorporated into health promotion approaches. Physical health was focused on ensuring a healthy diet and exercise, yet most adult women in the study experienced stress around goals that are seen as relatively unattainable. The data produced in this study should be utilized to develop and test survey questions that can be applied to a larger portion of the Métis population. The Aboriginal Life Promotion Framework is useful as an organizing tool for systematically exploring elements of living (adapted from Journal Abstract).


Keywords: Canada/Native women/Corrections/Incarcerated Aboriginal Women

Abstract: In the past eighteen months six Native women have hanged themselves in the Federal Prison for Women in Kingston, Ontario. On March 4, 1991, nine women (most of them Aboriginal) began a hunger strike. On February 4 a 23-year-old, Lorna Jones, was found hanging in her cell. Two days later a confrontation with the staff erupted, and the women demanded to meet with Native Elder, Ellen Moves Camp. When this was refused and the prison was put on a lock-down status, the prisoners exploded. Two days later members of Through the Walls -- Prison Support & Prison Abolition Working Group held a vigil outside the headquarters of Correctional Services Canada. The prisoners demanded that one prisoner be allowed to visit her dying mother and that there be an independent inquiry by the Canadian Society for Prison System Improvement. The
first request was granted, the second denied. In 1990 a Task Force on Federally Sentenced Women had recommended that the prison for women at Kingston be closed. As a result the prison will be phased out over four years, replaced by five regional institutions (with one of the five to be a longhouse). Demands presented by support groups include the reinstatement of Native programs, an independent inquiry into prison conditions, the dropping of riot-related charges, and the release of all women from segregation.


Keywords: Aboriginal Women/Basic Physical Needs/Healing/Health/meaningful Work and Service to Others

Abstract: Research on general health service delivery in urban areas of Canada shows that Aboriginal people face formidable barriers in accessing culturally appropriate and timely care. Over the past decade, Urban Aboriginal Health Centres (UAHCs) have emerged to address the unmet health concerns of Aboriginal people living in metropolitan areas of the country. The purpose of this research was to address the gap in social science literature on how the health care concerns of Aboriginal women are being met by UAHCs. The research aimed to give voice to Aboriginal women by asking them whether the appropriate professional services and educational programs they need to address their health care needs were being provided in the inner city. A case-study approach was used whereby three separate focus groups were conducted with Aboriginal women who were clients of the Vancouver Native Health Society (VNHS), its sister organization, Sheway, or residents of Vancouver’s Downtown Eastside (DTES). In addition, 25 semi-structured interviews were conducted with VNHS staff, health providers, government representatives, and community leaders in health care (total n = 61). The findings indicate that despite efforts from various quarters to articulate the health and social concerns of the country’s marginalized populations, such has not been the case for Aboriginal women living in one of Canada’s most prosperous cities. Many Aboriginal women expressed a strong desire for a Healing Place, based on a model of care where their health concerns are addressed in an integrated manner, where they are respected and given the opportunity to shape and influence decision making about services that impact their own healing. (C) 2002 Elsevier Science Ltd.


Keywords: Gender/Health/native Americans/Prevention


Keywords: Aboriginal Peoples/Canada/Diabetes/Health/Manitoba/Work

Abstract: Objectives: To examine the impact of diabetes mellitus on the lives of the Métis of western Canada, and to determine the extent of co-morbidity among Métis with diabetes. Design: The source of data was the Aboriginal Peoples Survey (APS), conducted by Statistics Canada in 1991. The survey was administered to a representative sample of Aboriginal peoples throughout Canada. Analysis was completed on self-identified Métis participants from the Canadian Provinces of Manitoba, Saskatchewan and Alberta. Results: Métis participants with diabetes were more likely than those without diabetes to report their health status as poor. Significantly greater numbers of Métis with diabetes reported activity limitations at work, at home and in leisure activities, the need for assistance with activities of daily living and difficulties with ambulation than did those without diabetes. The extent of comorbidity was also significant. Métis with diabetes were almost three times more likely to report hypertension and heart problems and twice more likely to report sight impairments than were those without diabetes. Conclusions: This research represents the first account of the effects of diabetes on the lives of the Métis. The APS data have provided a clear picture of the impairments in physical functioning experienced by the Métis with diabetes and the impact upon their quality of life. In addition, the strong associations between diabetes and hypertension, heart problems and sight impairments suggest profound morbidity in this population that warrants prompt attention (Journal Abstract).


Keywords: Innu women/Women’s Voices

Abstract: Aboriginals (Innu) -- personal narratives; Sociology/Social issues.


Keywords: Inuit Women/Northern Communities/Justice/Prevention/Culture/Women’s Voices
Abstract: The rates and nature of Inuit criminal activity are of great concern in the Nunavut Territory. Substance abuse and the victimization of women are particularly salient issues in northern communities. Such problems are suggested to be a result of colonization processes, which have alienated Inuit individuals from their traditional knowledge and imposed upon them an unfamiliar system of justice. Presently, self-government strategies have been created to empower the Inuit “control of their own social structures. This is integral within the realm of criminal justice, as in the development of efficacious corrections it is imperative to understand the lived experiences of the Inuit. The present study has utilized grounded methodology to formulate theory derived from the Inuit inmates’ perspectives of the justice system and treatment objectives. Participants from the all-male inmate population at the Baffin Correctional Centre were interviewed to determine their beliefs regarding identity, crime, rehabilitation, the roles of women, and their future. Recommendations for prevention and rehabilitation programming are provided toward an understanding of how to best facilitate the unique needs of the Inuit culture.


Keywords: Canada/Culture/First Nations/First Nations Women/Healing/Women Offenders

Abstract: The plethora of reports, Task Forces and Royal Commissions to review the perilous situations of First Nations peoples and in this instance First Nations women, reached its climax in 1989 with ‘Creating Choices’: ‘The Task Force on Federally Sentenced Women’. This report endorsed the need for a correctional facility based, in part, on the philosophies and cultures of First Nations peoples. As a result of many recommendations outlined in this report, the ‘Okimaw Ohci Healing Lodge’ for federally sentenced First Nations women (‘Eskwewuk’) located in Maple Creek, Saskatchewan was constructed. This prison opened its doors to First Nations female offenders in November 1995 with the mandate to afford a culturally appropriate atmosphere for incarceration and (re)habilitation. The recognition given by correctional officials that something “different” was required to address the overrepresentation of First Nations peoples within penitentiaries was a positive first step. A larger problematic, however, not fully addressed with the provision of the ‘Healing Lodge’ continues to exist, that is, that the relationship between First Nations peoples and non-First Nations peoples is ingrained in colonialist and patriarchal attitudes. One must view the construction of a correctional institution structured on the views of First Nations peoples with cautious optimism. Despite an “apparent” increase in sensitivity to the needs of First Nations peoples — and more specifically women — in Canada, the ‘Lodge’ may instead prove to be an exemplar of “mock change” or “false generosity” whose purpose is to tranquilize First Nations peoples. This thesis will provide a literature review of First Nations women offenders and, using postcolonial and women’s standpoint theories, an exploratory analysis of ‘Okimaw Ohci’ itself. My purpose is twofold: first, I will examine some policy questions and issues that will need to be considered as the ‘Lodge’ continues to operate; and second, outline a “model of healing,” based upon First Nations philosophies that could be applied at the ‘Lodge’, and perhaps at other correctional institutions


Keywords: Adequate Human Services and Social Safety Net/Healing

Abstract: The researcher, as part of a wider study on healing, used a particular research method to gain insight into the issue of incarcerated women in the NWT. Interviews took place with women presently incarcerated in the North as well as with those directly involved (healers, correctional officers, government and interest groups).


Keywords: Adequate Human Services and Social Safety Net/Basic Physical Needs/Women with Disabilities

Abstract: The N.W.T. Council for Disabled Persons contacted N.W.T. women’s groups and community representatives to develop contact lists for women with disabilities. In addition, the Council will develop and distribute a survey to identify issues and concerns for women with disabilities. These issues will be summarized and recommendations will be made. (Au)


Keywords: Gender/Inuit Women

Abstract: Unavailable


Keywords: Adequate Human Services and Social Safety Net/Family Violence/Social Justice and Equity/women
Abstract: Objective: To investigate issues affecting women in the North from a woman’s perspective; to provide northern women with reference materials for issues affecting them; and, to make those outside the North aware of experiences of northern women. Summary: Mary Crnkovich’s assistant, Angela Bernal, completed the interviews required to produce a book on issues facing northern women. The book will cover topics ranging from giving birth, to women in politics, to special social problems such as family violence. The book is published by the Canadian Arctic Resources Committee (CARC) in Ottawa (Au).


Available online: [http://www.web.net/~efryont/WaitingForMommy.pdf](http://www.web.net/~efryont/WaitingForMommy.pdf)

Keywords: Adolescents/Children/Hidden Victims/Incarceration/Research

Abstract: This is an exploratory study of the impact of maternal incarceration on children and adolescents. Little is known about the characteristics of Canadian children who are affected by parental incarceration. The goal of the study was to review the available literature, undergo preliminary data collection, and inform the next steps in research and program development. The study used several methodologies: literature review, survey of incarcerated mothers, survey of mothers after release, interviews of children and adolescents, and a review of program models. Forty-five women were surveyed to learn about their 90 children and adolescents. Using the information collected from these sources, the authors made the following observations: parental separation triggered by incarceration is different than separation for other reasons; separation because of maternal incarceration is more destabilizing for children than paternal incarceration; the stresses and changes associated with material incarceration often act on an already challenged family system; children of incarcerated mothers (and fathers) have an elevated vulnerability to criminal behaviour themselves; and, impacts - both emotional and practical - will vary depending on many factors including the age of the child. Finally, certain features of the current system exacerbate the negative impact on children but there are ways to minimize the damage: assure children have safe placements and stable caregivers, find ways for meaningful contact between children and mothers, providing parenting programs, train key professional groups to understand the unique contingencies of parental incarceration, foster meaningful release planning, and help women avoid recidivism (Adapted from the Study’s Executive Summary).


Available Online: [http://www.voicesforchildren.ca](http://www.voicesforchildren.ca)

Keywords: Canada/Children/Incarcerations/Incarcerated Women

Abstract: Each year, at least 25,000 children across Canada have a mother in prison. Allison Cunningham and Linda Baker of London’s Centre for Children and Families in the Justice System present compelling evidence about why these children are among the most vulnerable in our communities. Their groundbreaking study paints a stark portrait of the lives of children who are at higher risk for a troubled adolescence and may increasingly turn to crime as they get older. By understanding the factors that affect how children deal with the experience of having a mother in prison, we can reduce the chance that they will follow the same path. The authors provide thoughtful recommendations for the smaller and larger changes needed to minimize harm and proactively support children whose mothers are in conflict with the law (Article abstract).


Keywords: Native women/women/Disabilities/Education/Housing

Abstract: People with disabilities are disadvantaged in the areas of education, access, transportation, housing, employment opportunities, recreation, cultural opportunities, etc. Women with disabilities speak of double jeopardy. The author states that Native women who have a disability are in a situation of triple jeopardy. When disability in addition to being female is added to the person’s experience, you have a situation of extreme disadvantage. I have my own personal example in this area. I was told by one worker at the Canadian Institute for the Blind (CNIB), in response to my request for a closed-circuit TV reader, which I needed for my education, that as a Native person with status I was not eligible for VRDP-allocated equipment and that VRDP students had first priority to these devices. The worker told me that as a Native person I was not eligible for VRDP and as a status Indian I was the responsibility of Indian Affairs and it was to them that I should make the request. However, not more than two days prior to that I had been told by someone from the education department of Indian Affairs that there was no money in their budget for these devices and that I was registered with the CNIB and that I should make my request to CNIB. This is just one example of a situation where the lack of clarity and the bureaucratic run-around prevents Natives with disabilities from getting
adequate services. It is well known that the high rate of substance abuse leads to disabilities. For example, children born with fetal alcohol syndrome can have learning disabilities. People become disabled in accidents that are brought on by substance abuse. Furthermore, drug dependency does not end with disablment. Many treatment facilities are inaccessible. This is particularly true when it comes to women’s treatment facilities. We need to work to see that these facilities become accessible and have programs which are culturally appropriate for Native women with disabilities.


Keywords: Aboriginal Women/Cultural Integrity and Identity/Empowerment/Healing/Health/Life-Sustaining Values, Morals and Ethics/Spirituality and A Sense of Purpose/Research/women

Abstract: This article describes a case study examining the effects of participating in a health promotion project, one aspect of which was a health assessment conducted using participatory action research. The study was carried out over 2.5 years in a project for older Aboriginal women (hereafter known as the grandmothers). Participation in the project and health assessment contributed to a number of changes in them, which were categorized as cleansing and healing, connecting with self, acquiring knowledge and skills, connecting within the group, and external exposure and engagement. This experience of using participatory action research demonstrated its success as an approach to conducting a health assessment which was acceptable to this group of people and congruent with the health promotion project in which it was embedded. The analysis of the experience highlights both tensions and accomplishments. The findings of the health assessment are published in a separate document.


Keywords: Aboriginal Women/Critical Learning Opportunities/Women’s Health

Abstract: Participatory action research is evolving as both a research methodology and an intervention for health promotion. Here we describe its use in conducting a health assessment as part of a larger project for older Aboriginal women (hereafter known as the grandmothers). The overall purpose of the project was to study the women’s health needs and respond through health promotion programming. The experience of using participatory action research revealed a number of lessons, including challenges and points of tension, and determinants and indicators of success. The research team identified some implications for consideration by others interested in participatory action research.


Keywords: Healing/Health/History/Métis Women/women

Abstract: Life histories of two women are presented in this thesis. The life histories were collected using oral history methods of individual open-ended interviews. All the stories presented in this thesis are tied together by the fact that the women who were interviewed all had the experience of being marginalized by a western institution.
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: Full participation in community life includes meaningful economic (employment), social and leisure activities. Unfortunately, many of these activities have been denied to Aboriginal urban disabled persons because of numerous obstacles. This two-year study examines the challenges identified by First Nations urban disabled persons and determines practical solutions to eliminate or overcome these obstacles. Interviews were conducted with service providers in employment, recreational, social and health services. The study is based upon a participatory research model, often designated as “action research.” A “talking circle” was used to generate data from First Nations persons. This study found that First Nations persons with disabilities usually left their reserves in order to access health and social services. The option of moving back to the reserve, where there are few services, buildings are inaccessible, transportation is impossible and independent housing unrealistic, gradually faded from memory. Leaving behind their families, First Nations people found loneliness and isolation. They now live in a “foreign” and hostile urban culture. The population of Aboriginal people with disabilities is severely marginalized in a number of ways: they have a disability; they are Aboriginal persons; they are off reserve or urban and women are further marginalized (Adapted from the Executive Summary).

Keywords: Aboriginal Peoples/Disabilities

Abstract: The needs assessment of people with disabilities living in First Nations communities in Manitoba identified socioeconomic issues, health services, housing and transportation issues and provides comparative analysis of data between northern and southern communities.

Available Online: http://www.umanitoba.ca/centres/centre_aboriginal_health_research/researchreports Keywords: Basic Physical Needs/Canada/ Health/Housing/Manitoba

Abstract: The study chronicles the decade-long friendship between two unexpected friends: a researcher/educator and an Aboriginal youth, who describes herself as an “adventurous teenager in spirit.” In a shared narrative between “Megan” and myself, I investigated what it means to be a female youth with a disability. Using narrative methodology, I taped conversations while the participant was attending Grade 11 and Grade 12. The two types of data that appear are text from the interviews themselves and the emerging story from the participant’s reflections upon the text. Through short stories, poems, songs, and plays, Megan conveys her realities and life experiences. The themes arising include: resilience, freedom, and feminine desires, disabilities, and youth identity. The study emphasizes self-determination of youth with disabilities in both content and methodology as the participant collaborated in co-editing and analyzing her own words. A forum is provided for a currently marginalized voice to be heard and empowered.

Keywords: Critical Learning Opportunities/ Aboriginal Youth/Disability/Voices


Keywords: Culture/First Nations Women/ Health/Housing/Disabilities


Keywords: Aboriginal Peoples/Disabilities


Keywords: Critical Learning Opportunities/ Aboriginal Youth/Disability/Voices


Keywords: Native women/Poverty/ Research/Culture/Disabilities


Keywords: Canada/First Nations/Health/Health Care/Housing/Manitoba

Abstract: Equal access and participation issues are at the forefront of the current disability advocacy movement. People with disabilities in the international community are demanding a change in attitudes and policies which affect their inherent right as citizens to full participation in society. The inequalities in access to services experienced by Aboriginal persons with disabilities in Canada are magnified by the unique socioeconomic, political, environmental and cultural barriers. The existing infrastructure has often resulted in an ineffective, unaccountable and occasionally inappropriate web of service delivery for Aboriginal persons with special needs. This document reviews the current structure of service delivery to First Nations people with disabilities, particularly those living in remote areas of Manitoba. A description and critical examination of rehabilitation services, home care services, housing issues, community access, and mobility devices emphasizes the disparities in access to services faced by First Nations people with disabilities. Qualitative data obtained through ethnographic case studies provides a First Nations consumer perspective of current services. Key informant interviews with health care planners and providers offer inside perspectives of the system itself. Summary recommendations are provided. It is crucial that health care providers grasp the complexities surrounding Aboriginal health care if services are to be delivered in a culturally sensitive fashion. Recognition of these issues is equally important for those involved in current negotiations surrounding Aboriginal self-government and health transfer agreements. A more coordinated and sensitive model of service delivery to Manitoba’s First Nations people with disabilities is essential if the equalization of opportunities is to be realized (Author Abstract).


Keywords: Health/Native women/Research/Urban Aboriginal Women

Abstract: Health meanings, in the form of health conceptions, influence health actions and health promotional activities. Using the strategies of in-depth interviewing and participant observation, health meanings are explored among urban Native women. Analysis demonstrates that for the women involved in this study, their primary health conception is an integrated understanding, of health as “how you live your life.” Blended into the integrated conception are concepts of balance, ideal self, and shadow self. The latter two concepts are used as by the women in this study as measures or indicators of health as they question their health in relation to their bodies, their actions, their feelings, and their visions or goals. In addition, a number of contexts shape the meaning of health for the research participants. As such, multiple contexts are important considerations in how the women enact their health actions.


Keywords: Canada/Status of Women/Quebec

Abstract: “This study was commissioned by the former Canadian Advisory Council on the Status of Women (CACSW). It was finalized by Status of Women Canada, which assumed the Advisory Council’s research, public information and communications functions in April 1995.”


Keywords: Adequate Power/Health/Urban Aboriginal Health and Governance


Keywords: Aboriginal Women/Canada/Corrections/Incarcerated Women/Offenders/Men/Incarceration/History/Research

Abstract: Since the inception of the penitentiary in the 1800s, issues concerning federally incarcerated women have tended to be ignored relative to the problems facing the larger population of male offenders. As a result, women have been generally dismissed as a major concern, resulting in the creation of correctional policies and practices that were designed for men and then applied to women. Creating Choices: The Report of the Task Force on Federally Sentenced Women (1990) marked the beginning of the implementation of a correctional system that is recognized as feminist and “women-centered.” A main area of investigation for this thesis was to address the question of whether corrections for women are or can be carried out in a feminist manner while still employing the major elements of a system of incarceration designed primarily for men. The implementation of the new policy...
provided an ideal situation for investigating the possibility of leaving behind a legacy of patriarchy and embracing a future of freedom. This thesis reviews the history of Canadian female incarceration, the current philosophy of change, prison structures, the daily routines, the intent of corrections for women, the ideology behind the programming and the programming itself. Information was obtained through semi-structured interviews of eight correctional personnel at the Prison for Women in Kingston, Ontario and the Nova Institution for Women in Truro, Nova Scotia. While the intent of the “feminist women-centered” philosophy was to build a bridge to a future of freedom for female offenders and not a series of gentler fortresses in which to contain women, my research suggests that a legacy of patriarchy is evident in the equation of “women-centered” to mean fulfillment of traditional gender roles as implied by the current programming and goals of the Regional Facilities (Student Abstract).


Keywords: Basic Physical Needs/Gender/ Inuit Women/Research

Abstract: Objective: To study the situation of women, both at the family level and at the community level, engaged in the labour force. To trace the life story of individual women from social gender identification to childhood, to marriage and to job experiences (Author Abstract).


Available Online: http://www.cwhn.ca/network-reseau/5-1/5-1pa7.html

Keywords: First Nations Women/Health/ Quebec

Abstract: Quebec Native Women (QNW) is a non-profit organization representing over 3,000 women from Quebec First Nations, whether or not they live on reserves. Since it was founded in 1974, the QNW has worked extensively on the political and socioeconomic fronts, focusing particularly on justice, the promotion of non-violence, employment and since January 2001, health.


Keywords: Canada/Healing/Health/History

Abstract: The health of Aboriginal people in Canada has been compared to that of health in Third World countries. Shkagamik-Kwe Health Centre, an Aboriginal-based primary health centre, was recently established to address the unique needs of the Aboriginal population in one area in Canada. The purpose of this paper is to describe the Shkagamik-Kwe Health Centre in terms of the history of its development within the Aboriginal Healing and Wellness Strategy and its current programs, with particular emphasis placed on how traditional Aboriginal healing and health practices are being utilized within a multidisciplinary team approach.


Keywords: Canada/Health/Health Care/ Urban Perspectives

Abstract: Anishnawbe Health Toronto, an urban Native health centre, explicitly builds its policies and practices on a holistic foundation that values the coexistence of conventional biomedical and traditional approaches. The holistic view is presented diagrammatically in images of concentric circles depicting the organizational structure of the centre. Holism is represented as a circle, “a control principle through balance,” that eschews opposition and duality. The significance of gender-based policy analysis is stressed and the power of this approach to have a direct impact on policy is illustrated.


Keywords: Aboriginal Women/Culture/Urban Perspectives


Keywords: Aboriginal Peoples/Aboriginal Women/Diabetes/First Nations/Health/ Montreal

Abstract: This article is based on a case study of ten Aboriginal women living in Montreal (eight were First Nations and two were Inuit) under conditions that fall within a theoretical framework of exclusion and marginalization. The primary purpose of the article is on the process of exclusion and marginalizational experienced by these women who had temporarily or permanently migrated to Montreal using a life
narratives methodology. The living conditions of the women at the time of the study revealed that they had children placed in care, were receiving income security payments, were dependent on drugs and alcohol at some point in their lives and three indicated that they had health problems such as diabetes, anemia and HIV. The article discusses the migration patterns and the lure of Montreal on the lives of these women and the resulting processes of marginalization faced by each one.


Keywords: Culture/Gender/Native Americans/ Spirituality and A Sense of Purpose

Abstract: This landmark book combines the voices of Native Americans and non-Indians, anthropologists and others, in an exploration of gender and sexuality issues as they relate to lesbian, gay, transgendered, and other “marked” Native Americans. Focusing on the concept of two-spirit people—individuals not necessarily gay or lesbian, transvestite or bisexual, but whose behaviors or beliefs may sometimes be interpreted by others as uncharacteristic of their sex—this book is the first to provide an intimate look at how many two-spirit people feel about themselves, how other Native Americans treat them, and how anthropologists and other scholars interpret them and their cultures.


Keywords: First Nations/Native women/ Racism/ Status of Women/ Women with Disabilities

Abstract: Just as there is racism in the feminist movement, there is also “ablism.” Able-bodied women have not fully accepted women with disabilities. Often, we don’t feel that we fit. Although I am a First Nations woman with a disability, I regularly feel like an alien from a different planet. Although there are a few feminist women who will treat us with great care and love, “white/able-bodied” feminist practices persist in the Yukon. Other equipment, deemed by the government to be “non-essential,” I must pay for myself. My TDD (Telecommunication Device for the Deaf) and the closed caption decoder for my TV are two such “luxury” items. Fortunately, the Yukon Status of Women Council was able to purchase the TDD for me.


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/ Adequate Power/Critical Learning Opportunities/Culture/ Education/Healing/Inuit Women/ Meaningful Work and Service to Others/ Socioeconomic Determinants/Work

Abstract: Three researchers conducted focus groups and interviews with 140 Aboriginal women in eight sites across Canada to study the barriers created by policies which do not support Aboriginal women to maintain full cultural lives while pursuing contemporary education and work. Sites included rural and urban Manitoba; Toronto, Parry Sound and Ottawa, Ontario; Vancouver and Merritt, British Columbia; Iqaluit, Nunavut; and rural and urban Nova Scotia. Researchers worked closely with advisors and site liaisons in each community. Participants offered stories. These were taped and/or transcribed and analyzed for values, themes and policy recommendations. A serious critique of the Indian Act and other policies affecting the lives of Aboriginal women is provided by the participants and researchers’ analysis of policy documents (Status of Women Canada Abstract).


Keywords: First Nations/Health/ Health Care/ Older Women/Poverty

Abstract: This feminist phenomenological study explores the meaning of older women’s experiences as they negotiate health care. Several interviews with diverse groups of older women (immigrant, First Nations, and Japanese-Canadian women and those involved in community and social clubs) reveal that negotiating to have their health needs met was a challenging process requiring mutual support. Their health care experiences were influenced by issues surrounding access to services, power, and poverty. For many participants, the conversational interview format served to inspire consciousness-raising, activism, and reflection. The findings suggest that such reflection may help other women to understand the “multiple margins” (being older, being a woman, being a member of a visible minority) that constrain and challenge their access to health care (Journal Abstract).


Keywords: Native Women/ Coping responses/ violence/Two-spirited women
Abstract: This handbook gives definitions of abuse. Myths are explored as well as women’s common experiences and feelings. It also outlines coping responses, both positive and negative, and explores the legal issues and remedies, both civil and criminal. The potential effects on children are explained and why it is important to take protective action. Abuse in Two-Spirited or Lesbian relationships is explored. Recommended for general public and professionals.


Available Online: http://www.brandonu.ca/library/cjns/7.1/Laprairie.pdf

Keywords: Native women/Corrections/Victimization/Colonization/Assimilation/Justice

Abstract: The disproportionate incarceration of Native women in correctional institutions and the seriousness of offences for which they are incarcerated require explanation. One explanation lies with the effect of colonization and assimilation on traditional lifestyles, resulting in role loss for Native males and the subsequent victimization of women. This explanation recognizes the relationship between victimization and possible future criminality (Dion Stout, 1997).


Keywords: Aboriginal Women/Canada/Justice

Abstract: The author provides a review of previous research and official data is used to document the overrepresentation of Aboriginal people in general in the Canadian criminal justice system and that of Aboriginal women in particular. An explanation is offered for the incidence and types of crime of Aboriginal women, pointing to the need to better understand the theoretical and methodological issues in the relationship of Aboriginal people to the broader society and to the criminal justice system.


Keywords: Aboriginal Women/Canada/ Social Justice and Equity

Abstract: This article examines the Canadian justice system’s treatment of Aboriginal women, focusing on a Supreme Court case that deals with an abused woman accused of murdering her spouse. The author argues that the court’s refusal to consider the Aboriginal woman’s background and history of abuse constitutes judicial bias.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Basic Physical Needs/Health/Inuit Women/ Quebec/ women

Abstract: Using the data from a number of the surveys conducted over the last ten years by Quebec, this study examines the health and characteristics of two populations of Aboriginal women of northern Quebec compared to those of women in the rest of the province. The northern populations had a larger proportion of young women. Aboriginal women have heavier family responsibilities than other Quebec women. Inuit women had a much higher prevalence of tobacco use. Alcohol consumption was less in northern women, but the quantity consumed was higher compared to other Quebec women. Cree women tended to be more obese, had higher levels of blood glucose and lower levels of cholesterol. Inuit women tended to have lower rates of hypertension and higher rates of declared hearing loss, including such problems as mental disorders. The similarities and differences observed among these populations of women can assist decision makers in setting priorities with regards to maintaining and improving their health.


Keywords: Disabilities/women/Women with Disabilities/Culture

Abstract: This article explores the cultural consequences of disability on women. The author interviewed four women with disabilities and two mothers and shares some of her own experiences with disability. The relationship between disability rights and feminism and ethnic identity and the impact of disability on the sense of self and personal goals are considered, as is the transformative power of speaking to the larger culture about how disability experiences inform human perceptions and social practices.


Keywords: Canada/Corrections/Aboriginal Women/Correctional Facilities

Abstract: Features the report ‘Creating Choices’ submitted in April 1990, which presented recommendations for federal women’s corrections in Canada. Estimated number of Aboriginal and non-Aboriginal women serving
federal sentences in Canada as of October 2000; Problems experienced by Aboriginal and non-Aboriginal prisoners; Principles of change recommended by the report; Regional prison facilities in Canada.


Keywords: women/Canada/Incarceration/Healing

Abstract: This thesis will explore the major policy shift that has occurred in the area of federal women’s incarceration—women who have been sentenced to prison terms of over two years. The Task Force on Federally Sentenced Women was assembled in 1989 and submitted their report ‘Creating Choices’ in 1990. Since that time, the Correctional Service of Canada has attempted to shift the paradigm of women’s incarceration from a traditional punitive model to a woman-centered model of corrections. This model includes the creation of five new regional prisons and the (eventual) closure of the Prison for Women in Kingston, Ontario. These regionalized prisons were seen by some as advancement in women’s corrections because of their holistic, healing philosophy. Others view the construction of more prisons, even though they reduce the pains of imprisonment, as a fundamental mistake that will result in the incarceration of more women. Even though there are some problems with the model, I argue that they do not negate its premise. The model has been realized.


Keywords: Canada/First Nations/Inuit Women/Health

Abstract: This discussion paper addresses issues from Health Canada’s decision to implement an autonomous First Nations and Inuit Health Information System that will be linked with the Canada Health Intoway. Focus of paper is to assist Inuit Tapirisat of Canada (ITC) in partnership with Pauktuutit, the Regional Inuit Associations, Inuit communities and the Canadian government in the development of an Inuit-specific health infrastructure. The Inuit principle of “Inuuqatigiittiarniq,” which encompasses the holistic world view of the Inuit, is pointed out as an essential component of an Inuit health program. The paper suggests that using traditional Inuit knowledge would be useful in developing manuals for medical staff and social workers in the North and for Inuit going out on the land.


Keywords: Disabilities/women/Women with Disabilities


Available Online: http://www.elizabethfry.ca/submissn/nwac/nwac.pdf

Keywords: Aboriginal Women/British Columbia/Canada/Healing/Health/Human Rights/Native women/Prevention/Racism

Abstract: This document summarizes the Native Women’s Association of Canada’s concerns for federally incarcerated Aboriginal women. Concerns evolved around: 1. Decarceration of Aboriginal women in the federal prison system. Because of rampant racism within the criminal justice system at all levels leading to the increase in the numbers of Aboriginal women incarcerated federally from 15% in 1984 to 23% today, NWAC is asking for the decarceration of Aboriginal women within Canada’s penitentiary system. NWAC would like to explore with CSC and other interested parties alternatives to incarceration, including the use of section 81 to establish community-based healing facilities for all Aboriginal women prisoners including those classified as “maximum security”; 2. Capacity building in Aboriginal communities to facilitate reintegration of Aboriginal women prisoners back into Aboriginal society. If Aboriginal women prisoners within the Canadian penitentiary system are to be decarcerated beginning in the near future and over a period of years -- the shorter the better -- Canada needs to invest financial resources at the Aboriginal community level to build the capacities of those communities to reintegrate Aboriginal women prisoners with their communities and families. Such capacity building can use federal dollars already targeted for Aboriginal community use including job creation, training, employment, economic development, social services, health care and so on. Crime prevention dollars and Department of Justice grants and contributions have also been made available to community projects. NWAC requests that some of these funds, and a new special fund aimed at Aboriginal female reintegration and community capacity building, be aimed at Aboriginal women’s representative organizations to facilitate this process; 3. Facilitation and implementation of ss. 81 and 84 of the Corrections and Conditional Release Act [the “CCRA”] for the benefit of...
Annotated Overview of Research on Aboriginal Women, Health and Healing


Keywords: Canada/Empowerment/ Exercise/ First Nations Communities/Healing/ Health/ Research

Abstract: The health of Canada’s First Nations people is ranked among the lowest in the country. And while a great deal of attention has been given to the means of improving the health of the younger members of this cultural group, almost nothing is either known about, or has been done for, its elderly members. With funding provided through Health Canada, New Horizons/Partners in Aging, the Elders and Health Centre staff of six rural First Nations communities in Alberta were introduced to the concept of Active Living. An Action Research methodology was used to assist each community to develop and implement a physical activity program for volunteer participants over the age of 50. The aim of these programs was to improve the functional independence of the seniors, allowing them to live more independently, be more fully involved in the activities of their communities, and to rebuild the traditional role of Elders. Within the three-month time limit of this study, the Health Centre staff of the participating First Nations communities demonstrated that they were willing and able to take the necessary steps to get their elderly members more physically active. Initiatives were culturally appropriate and designed and delivered in the spirit of promoting community responsibility, autonomy, local control, and the rebuilding of the traditional role of Elders in Aboriginal communities. Although more pressing health issues were identified as the primary obstacles to a more physically active lifestyle, there is unanimous agreement that the best solution to the sedentary lifestyle of Aboriginal Elders lies in the restoration of traditional values and practices. Physical activity is acknowledged as having an important part to play in the healing and control of many of the health problems of Aboriginal Elders (Author Abstract).


Keywords: Aboriginal Women/Research

Abstract: Unavailable


Keywords: Aboriginal Peoples/Adequate Human Services and Social Safety Net/ Healing/ Health/Health Care

Abstract: The population of Nunavut is approximately 27,000 people, of which 85% are Inuit. Within the last three generations, there have been tremendous changes at all levels of Nunavut society. Traditional Inuit practices for healing are different than and separate from the healing practices of other Aboriginal peoples in Canada. These traditional Inuit approaches are currently being explored while science-based approaches continue to be applied within Nunavut. This workshop will present traditional Inuit practices by using real life examples, e.g. midwifery and attending to injuries. Creative delivery of the workshop material will create a stimulating and
An annotated overview of research on Aboriginal women, health, and healing.


Keywords: Family Violence/Two-Spirited/ Education


Keywords: Disabilities/Education/ Empowerment

Abstract: This document presents the goals of the Empowerment Project initiated in 1999. The goal of the project is to empower Métis people with disabilities. The objectives are twofold and focus on: developing a national education, training and employment strategy for and by Métis people with disabilities; and enabling Métis organizations to increase the capacity of Métis people with disabilities to develop and implement programs and services addressing their needs.


Keywords: Disabilities/Health/Immigrant Women/Men/Native women/ Older Women/ Rural Women/women/ Women with Disabilities

Abstract: While becoming older presents problems for both men and women, there are some aging concerns that are unique to women, including life expectancy, society’s attitudes towards aging men and women, health status, access to health and social services, and economic status. This report examines the lives of older women in Ontario today. It discusses aging as a women’s issue and outlines the unique problems faced by older women. It also highlights the key concerns of older women with special needs, i.e., women with disabilities, immigrant women, francophone women, Native women, and rural women.


Keywords: Aboriginal Women/Health/ Remote Communities


Keywords: Canada/Education/History/ Justice/ Racism/Work

Abstract: This collection of works that developed over time is aimed at communicating the Aboriginal experience within Canada. The history of oppression, racism and colonialism are presented in the Mohawk traditional methodology of storytelling. Issues of society, such as law, politics, justice and change, are included. The author’s own “intellectual evolution” is shared through the inclusion of personal and academic writings. Aboriginal experiences with education, racism, the criminal justice system and feminism are discussed and traditional knowledge is presented as essential to Aboriginal survival as human beings.


Keywords: Aboriginal Women/Canada/First Nations/Justice/Aboriginal Peoples/Work/ Gender

Abstract: Although I do not disagree in principle with this statement, it is not very realistic in practical terms. As a result of the colonial legacy of Canada, Aboriginal nations are not represented as nations in the way our political organizations have been structured. Rather, these Aboriginal nations are organized around the classifications which arise out of the Indian Act regime either because of registration as an “Indian” or the lack of such a legal recognition. This must be seen as a demonstration of the degree to which colonial policy and practice has fragmented and restructured Aboriginal governing structures. For example, the Assembly of First Nations is an organization which represents Indian Act Chiefs while the Congress of Aboriginal People represents those who are not entitled to be registered or maintain off-reserve residency which disentitles them from many of the benefits of the Indian Act. If the power to have justice relationships is not maintained at the community level but at the nation level, as the Royal Commission on Aboriginal Peoples endorses, then the power for Aboriginal persons to exercise their jurisdiction in justice matters is seriously compromised if not fully limited. Although this first recommendation is an eloquent statement of principle, it means very little in practical terms as our nations no longer remain significantly organized in this political way. Therefore, celebrating the wisdom of the Royal Commission which saw fit to acknowledge the self-governing power of Aboriginal nations must be cautiously...
undertaken. The impact of colonialism was discounted by the Commission, if not fully ignored, and as a result no real opportunity exists to transform the recommendations from mere words into reality. Several of these dimensions are particularly problematic for Aboriginal “offenders.” Aboriginal people do not belong to communities that are functional and healthy (and colonialism is significantly responsible for this fact). Therefore, constructing a “community functioning” category ensures that Aboriginal people will not have access to scoring well in this category. This is not a factor for which individuals can be held solely accountable. Rather than measuring risk, this dimension merely affirms that Aboriginal persons have been negatively impacted by colonialism. The same kind of assessment can be put forward for the dimensions of “marital/family” and “associates” as the incidence of individuals with criminal records is greater in Aboriginal communities. It has been frequently noted that the issue of substance abuse in Aboriginal communities is a symptom (l.14) of a much larger problem. Therefore, this simple analysis demonstrates that scoring higher on these categories is predetermined for Aboriginal prisoners because of the very structure of the instruments. What is being measured is not “risk” but one’s experiences as part of an oppressed group. The work that assesses the validity of these risk prediction scales is also a problem because it does not see race (Aboriginal) and gender (female) as categories that are inclusive (see [Motiuk]; [Blanchette Kelly]; Bonta; and Collin). The studies tend to examine the validity of these scales for Aboriginal people but not for Aboriginal women. Despite this fact, prison administrators and senior bureaucrats remain committed to applying these “tests” and concepts to the structure of individual Aboriginal women’s prison sentences as well as to the manner in which the prisons in which Aboriginal women serve their sentence are structured. In my opinion, this is a violation of the Canadian Charter of Rights and Freedoms’ section 15 equality provisions. It also strains the common sense interpretation of section 28 of the Corrections and Conditional Release Act, which provides that persons confined in a penitentiary shall be confined in the least restrictive environment. If risk prediction scales are not valid for Aboriginal women (and I have not seen convincing documentation that they are), then security decisions based on these scales cannot be reasonably applied to Aboriginal women.


Keywords: Aboriginal Peoples/Aboriginal Women/Gender/women

Abstract: This report examines the values and concepts which shape and underlie Aboriginal women’s relationship with the Canadian justice system. Exploring the meaning of such words as “criminal,” “justice” and “violence” from an Aboriginal perspective, the author concludes not only that there is a pressing need for the incorporation of the Aboriginal world view into the justice system, but that the latter’s understanding of violence as it pertains to Aboriginal women must be reconstructed so that it better reflects such women’s day-to-day realities (Dion Stout, 1997).


Keywords: Aboriginal Women/Adequate Power/Justice

Abstract: Unavailable


Keywords: Aboriginal Peoples/Aboriginal Women/Adequate Human Services and Social Safety Net/Adequate Power/ Culture/First Nations/Well-being

Abstract: This author of this paper is a Mohawk woman, mother and wife. She is a strong believer in the tradition Aboriginal ways, both spiritually and through justice. The author expresses concern for the well-being of Aboriginal people who suffer under the mainstream justice system. The author believes that justice requires humanity. That there has to be a true understanding of the culture, tradition and spirituality of Aboriginal peoples before there can be real justice. She notes that First Nations peoples have celebrated 500 years of resistance to colonial oppression and that this resistance is rooted in the culture in which First Nations peoples have survived. Monture-Okanee also notes that Aboriginal women have been subjected to discrimination due to the arrogance of many Aboriginal men because colonialism changed the views of Aboriginal men and made them oppressors. Monture-Okanee is a strong believer that feminist thought can inform Aboriginal women’s reality.


Keywords: Aboriginal Women/Canada/ Racism/Research/women

Abstract: This report reflects interviews conducted between December 1997 and February 1998 in Springhill Institution, Prison for Women, the Regional Psychiatric Centre
health care to negotiate overlapping ideals of womanhood common to both Anglos and Native-descended people. In so doing, they won praise from both new and old neighbors, as they used Creole patterns of network building to smooth community relations (Journal Abstract).


Keywords: Aboriginal Women/Canada/Justice/Corrections

Abstract: This thesis explores the inhumanity of the Canadian criminal justice system as it engages with Aboriginal women as victims and perpetrators of crime. I argue, along with representatives of Aboriginal women, that the administration of criminal justice needs an Aboriginal female sensitivity. The Aboriginal female voices of reason which are crying out in the wilderness need to be brought into the boardrooms of government. Aboriginal women must be given a meaningful role in redefining the everyday impact of criminal justice reforms in Aboriginal communities. The primarily patriarchal system of criminal and constitutional laws does not benefit Aboriginal women, and, in fact, harms them as these laws are applied in the daily lives of Aboriginal women. I argue there is a constitutional place for Aboriginal women to be involved, namely through Aboriginal self-government, whose jurisdiction may include criminal justice administration. Only when Aboriginal women exercise their rights to participate in shaping the future of Aboriginal criminal justice administration will the violence against them within and outside the system stop.


Keywords: Children/Culture/Healing/Suicide/Trauma/Urban Aboriginal Women

Abstract: The purpose of this qualitative study of a six-week effectiveness trial was to describe among a group of urban American Indian women the process of successful traditionalism in the form of bicultural resynthesis. Bicultural resynthesis represents a major current attempt on the part of the participants to integrate traditional and contemporary demands in a positive, culturally consistent manner. The themes of shame and isolation, adapting to survive, deculturation, ethnic switching/renewal, and bicultural resynthesis are discussed. Further support is achieved for retraditionalization of American Indian women's roles as an effective means of achieving American Indian women's rights to participate in shaping the future of Aboriginal criminal justice administration.

Keywords: Health/Health Care/Urban Aboriginal Women

Abstract: This six-week study draws on the role conflict reduction intervention plays in the lives of eight urban American Indian women. The balancing of multiple roles and integrating traditional and contemporary feminine strengths in a positive manner is the focus of the study.


Available Online: http://www.schoolnet.ca/aboriginal/disable6/index-e.html

Keywords: Aboriginal Women/Culture/Disabilities/Women with Disabilities

Abstract: This paper identifies issues affecting Aboriginal women with disabilities and Aboriginal women who are primary caregivers of disabled relatives. It is the result of a literature review, discussions with Aboriginal women and a two-day "Aboriginal Women's Circle on Disability" held in Ottawa in March 1992. The paper also contains recommendations based on the Women's Circle discussions as well as discussions about: Aboriginal Culture and Disability; Self-Image and Sexuality; Alcohol Abuse; Vocational Rehabilitation; Abuse; Lost to the System; Aboriginal Women as Caregivers; Voices in the Wilderness; Recommendations; Communication Plan.


Keywords: Adequate Human Services and Social Safety Net/Canada/Women's Health

Abstract: Looks at the health of Aboriginal women in Canada.


Available Online: http://www.niichro.com/cfc/cfc_6.html

Keywords: Canada/Culture/Depression/Work/Youth

Abstract: Many factors affect the level of involvement in community programs by the Aboriginal frail elderly across Canada. In October 2002, NiICHRO conducted surveys with CHRs in communities across Canada and asked them about their programs for their frail elderly. Overall, the main points gathered from the surveys showed that to increase physical activity opportunities for the Aboriginal frail and elderly the focus should be on the following: (1) retaining culture in activities and programs; (2) reducing isolation, loneliness, depression; (3) getting Elders involved; (4) ensuring access to transportation/mobility; (5) making sure that there are goals for youth involvement with Elders; (6) carrying on traditions - involvement with youth; (7) making sure that there are goals for youth involvement with Elders.


Available Online: http://www.niichro.com/cfc/cfc_3.html

Keywords: Canada/Disabilities/Inuit Women

Abstract: NiICHRO started the Coming Full Circle project with a Literature Review. The Literature Review helped to uncover issues that affect frail elderly Aboriginal people in Canada. The information gathered helped NiICHRO researchers develop questions for Community Consultations needs assessments in three communities in Canada. For the Coming Full Circle training, NiICHRO used the following definition of the word “frail”: “Frail” means any person at any age who is physically, emotionally or spiritually unable to care for him/herself or complete daily activities without the assistance of a family member or caregiver. Some of the main points from the literature review included: (1) Seniors (65 and over) are the fastest growing segment of the Canadian population; (2) Aboriginal people are generally considered “seniors” at age 55 simply due to the chronic diseases and disability issues that affect them at a younger age; (3) By 2016, it is estimated that 7% of the Aboriginal population will be seniors, with many becoming frail or disabled; (4) In the future, the frail and disabled population will require higher levels of care and social services. We must keep our aging seniors active and motivated so that they continue to contribute their valuable knowledge to future generations. Physical activity must happen throughout life, not just when age, frailty, or disabilities become issues. The Aboriginal frail elderly are more likely to have chronic illnesses. They are also more likely to have activity limitations and physical disabilities. The rate of disability among Aboriginal people is very high in Aboriginal communities. Thirty-one per cent report a
disability compared to thirteen per cent in the general population. Many frail or disabled elderly must leave their reserve to get the care they need. Disabled Aboriginal seniors are often discriminated against away from their reserves.


Keywords: Aboriginal Women/Policing/Corrections/Justice

Abstract: In this workshop report, policing issues as they touch upon Aboriginal women are highlighted and discussed. In the paper’s final section, the recommendations and concerns of workshop participants are presented. These include the need to promote the employment of Aboriginal people, particularly women, within police forces, the desirability of exploring the potential of alternative justice systems; and finally the importance of addressing the problem of sexual harassment of female Aboriginal police officers (Dion Stout, 1997).


Keywords: Aboriginal Incarceration/Adequate Human Services and Social Safety Net/Correctional Programming/Critical Learning Opportunities/Cultural Integrity and Identity/Healing/Spirituality and A Sense of Purpose/14

Abstract: Native Americans are overrepresented as incarcerated offenders, yet there are few effective programs available to them. Prisoners of Aboriginal ancestry are also overrepresented in the Canadian correctional system. A number of culturally appropriate, innovative programs have been developed to effectively lower their recidivism rate in that country. This article explores one such initiative, the Aboriginal-operated healing lodges, by focusing on one institution: the Stan Daniels Healing Centre in Edmonton, Alberta, the largest and oldest in Canada. The history of the center is presented as well as data about its residents, staff, mandate, ideology, programs, and recidivism rates. A number of potential obstacles to the development of such a center in the United States are discussed, but it is concluded that this model might be very effective in some states with a sufficiently high Native American population (Journal abstract).


Keywords: Aboriginal Women/Access to Care/Adequate Human Services and Social Safety Net/Gender/Health/Health Determinants/meaningful Work and Service to Others

Abstract: Discusses the demographic profile of Quebec’s Aboriginal population from data provided by the 1991 Census and Indian Registry. Includes a discussion of the health determinants, Aboriginal women and the Canadian constitutional framework with regard to federal and provincial responsibility for Aboriginal health, the transfer of health care responsibilities, sharing of skills, as well as the right to equality and self-government (CWHN Abstract).


Keywords: Critical Learning Opportunities/meaningful Work and Service to Others/Work

Abstract: This chapter of the book was designed to acknowledge women’s contributions to northern social welfare and describes five women who made a substantive difference to the peoples of northwestern Ontario. Recognition is also made of the fact that there are many others who have made contributions that are being left out. Among the five women described in this chapter is Joy Ashan Fedorick, a 49-year-old Cree-Métis woman who worked in the field of social issues for more than 24 years in Winnipeg, Kenora and Thunder Bay.


Keywords: Critical Learning Opportunities/Health/Women’s Health


Keywords: Aboriginal Women/Corrections/Voices/Justice

Abstract: This paper discusses the problems faced by federally sentenced Aboriginal women and measures what could potentially be implemented to improve the system. The paper includes transcriptions from a forum discussion on creating choices, held by the Task Force on Federally Sentenced Women in 1992, as well as quotations from Aboriginal women describing their formative experiences and experiences with the justice system.

Keywords: Inuit Women/Women’s Health

Abstract: Unavailable


Keywords: First Nations Women/Urban Living

Abstract: Unavailable


Keywords: Métis Women/Northern Economic Development

Abstract: Unavailable


Keywords: Aboriginal Women/Canada/ Health/ Offenders/Racism/women/Work

Abstract: This paper will examine and critique the Correctional Service of Canada’s mental health policy with female offenders. An overreliance upon cognitive-behavioural treatment which posits that criminal offending results from cognitive distortions and an inability to reason, de-racializes (and de-genders) women’s experiences. Alternative approaches, such as anti-oppression and feminist post-structural practices, will be examined for their potential to provide alternative mental health programming for racialized incarcerated women. The mental health programming for women prisoners does not reflect the diversity of experiences resulting from varied social positioning. Further, women from different cultural and racial backgrounds (e.g. Aboriginal women) who have various types of experiences (such as abuse, domestic violence, psychiatric hospitalization, residential schools, racism, etc) are assumed to have the same mental health needs.


Keywords: Manitoba/Métis Women

Abstract: This an unpublished paper submitted to the Royal Commission on Aboriginal Peoples.


Keywords: Adequate Power/Canada/Safety and Security/Social Justice and Equity/ Youth/ Justice/Imprisonment

Abstract: This paper examines the Supreme Court’s decision in R. v. Gladue which interpreted the requirement in s. 718.2(e) of the Criminal Code that judges at sentencing examine alternatives to imprisonment “with particular attention to the circumstances of Aboriginal offenders.” The authors argue that Gladue is promising in its recognition of Aboriginal overincarceration as a pressing problem and of the disadvantages suffered by all Aboriginal offenders including those living in an urban environment. The authors examine the relation between s. 718.2(e) and restorative and retributive principles of sentencing. They also explore the relevance of s. 718.2(e) in cases of serious crimes and the role that Gladue may play in a process of net widening through extensive use of conditional sentences in cases where imprisonment would not normally have been imposed. The reception of Gladue in the criminal justice system, including the Supreme Court’s subsequent six decisions concerning conditional sentences, is also examined. Finally, the authors explore the negative reception that Gladue received in the popular media and the initial decision to exclude s. 718.2(e) from the bill to enact a new Youth Criminal Justice Act. The authors conclude that although it is a promising decision, Gladue is not likely to reduce the overincarceration of Aboriginal people in Canada (Authors’ abstract).


Available Online: http://www.collectionscanada.ca/object/62575942/dsk3/ftp04/ M0797955.pdf

Keywords: Canada/Inuit Women/Images

Abstract: This thesis is a subjective exploration of the images of Inuit women in narrative texts about Inuit. The intention in writing this thesis is to open up a space in which inquisitive dialogue is encouraged regarding the generally accepted position of Inuit women. Inuit women have been portrayed in many contradictory images. These images can be seen as an oppressive force that presently confines Inuit women who once held a highly important decision-making
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role in Inuit society. The reinterpretation of the descriptions of Inuit women provides a deeper understanding of the position of Inuit women in Inuit society. This thesis questions the uncritical acceptance of texts and encourages the emergence of the “active” reader by reading against the grain of the text (Author Abstract).


Keywords: Native women/Culture/Imprisoned Aboriginal Women

Abstract: Unavailable


Keywords: Aboriginal Women/Canada/Gender/Justice/Crime/Colonization/Victimization

Abstract: The author examines the roots of Aboriginal women’s overincarceration in Ontario in the 20th century, especially during and immediately following World War II. Records from the Mercer, the only Ontario Reformatory for Women; Material and cultural dislocations of colonialism; Gender and race paternalism of the courts and prisons; Cultural gap in the notions of crime and punishment.


Keywords: Aboriginal Women/British Columbia/Government/History/Older Women/Social Conditions/Work

Abstract: This position paper reports the results of a survey, focus groups, and discussions with 644 British Columbia women aged 55 or over (including Aboriginal women). Survey questions covered such matters as age, marital status, work history, family and caregiving, income, pensions, and independent living. Recommendations are made throughout regarding government policy and services for the female senior population.


Keywords: Aboriginal Women/Canada/Offenders

Abstract: This report presents the results of a survey undertaken on behalf of the Task Force. The survey was designed to assess the views of all federally sentenced women in prison about their experiences of imprisonment, and the kinds of programs and services they feel they need, and to provide a broader profile of the population than that routinely available. The experiences of Aboriginal women, those in provincial prisons, and those serving long sentences were of particular concern. The survey was based on interviews with all women at the Prison for Women in Kingston and all those serving federal sentences under Exchange of Service Agreements in provincial prisons. A total of 170 women took part in the interviews between August and November 1989.


Keywords: Health/Inuit Women/Northern Women

Abstract: Unavailable


Keywords: Aboriginal Women/Community Development/Poverty

Abstract: If you look hard enough in the midst of Winnipeg’s sprawling and decaying inner city, you will see scattered islands of remarkable creativity and collective action: innovative community development (CD) initiatives battling the seemingly relentless spread of urban poverty. Most Winnipeggers are oblivious to this struggle; they choose not to know about it - or to care. Some of the most exciting inner-city CD initiatives are being driven by the Aboriginal community, led in most cases by strong and resourceful urban Aboriginal women. Most of these women bring to these projects a philosophy of sharing and community that is rooted in traditional Aboriginal belief systems.


Keywords: Canada/Gender/History/Men/Métis Women

Abstract: Interviews conducted between 1993 and 1998 with community members in the Lesser Slave Lake area of northern Alberta, a bush Cree (Nehiyaw sakawiyiniwak) community, form the basis for an exploration of the traditional role of Métis women in collective decision making in that community. Oral history methodology,
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Young women are relatively knowledgeable regarding issues related to reproductive health and are comfortable discussing these topics. Women in their middle years, however, appear to be less knowledgeable and often display discomfort with the subject (Journal Abstract).


Keywords: Canada/Welfare/Disabled Women/Disabilities/Aboriginal Women


Keywords: Incarcerated Women/Aboriginal Women/Incarceration/Correctional Facilities

Abstract: This article discusses conditions facing Aboriginal women in prison, the structural conditions which have led to their overrepresentation among prison inmates, and measures needed to correct the situation. The author was at one time an inmate at Kingston Prison, the prison for women. Her article reports on the current statistics for inmates, the reasons for incarceration and the lack of programming available to inmates.


Keywords: Aboriginal Incarceration/ Aboriginal Women/Incarcerated Women

Abstract: In this paper, the authors offer a highly personal and compelling analysis of the conditions under which Aboriginal women have come to figure so prominently among the population of female inmates in federal correctional facilities. Arguing that racism lies at the heart of the criminal justice system’s treatment of Aboriginal women, the authors argue that there is an urgent need for healing “through traditional ceremonies, support, understanding, and ... compassion” (p.482) (Dion Stout, 1997).


Available Online: http://www.csc-scc.gc.ca/text/prgrm/fsnativesurvey/toce_e.shtml

Keywords: Aboriginal Women/Adequate Power/Family Violence/Racism/Violence Against Women/Women Offenders

Abstract: Summarizes interviews with federally sentenced Aboriginal women all of whom have served federal time in prison. Interviewees
reflect on issues of brutality, violence, racism, and oppression. The groundbreaking research done by these two Aboriginal women reveals that most of these women had been subjected to childhood violence, sexual assault, and/or rape. This report summarizes and discusses implications of interviews with 39 Aboriginal women who have served time in federal prisons. Each woman was asked to tell how she grew up, how she came to be in prison, and what happened to her after emerging from prison. Themes revealed in the interviews include family violence, violent crime, and maltreatment by prison authorities, racism, and the need for Aboriginal support services.


Keywords: Basic Physical Needs/ Gender/Health Services Research/Inuit Women/Rural Women/ Women’s Health

Abstract: Addresses the health concerns of rural, remote and northern women. Includes data collected from focus groups and workshops with women from diverse communities across Canada, including fishers and farmers, and from Aboriginal, Francophone and Anglophone communities from coast to coast to coast. The authors also draws on data collected from a National Consultation meeting held in Saskatoon (2003).


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Health/ Montreal/Well-being

Abstract: The aim of this component was to design and conduct a qualitative assessment to identify the health, wellness, and social service needs of Aboriginal women living in Montreal.


Keywords: Aboriginal Peoples/Canada/ Empowerment/Inuit Women/Northern Communities/Research

Abstract: The goal of this thesis is to describe and analyze a community-based economic development project involving Inuit craftswomen participating in a craft product development workshop in order to determine whether the participants became empowered and, if so, to verify and analyze the empowerment process. An operational definition of, and assumptions about empowerment are developed. Participatory action research methods are used to guide the data collection. The method is shown to be the most appropriate for conducting collaborative research with northern Aboriginal peoples. The data collected is shown to support the operational definition and assumptions, indicating the existence of an empowerment process during this research. Suggestions for further research emphasizing the necessity of long-term study of empowerment are made. This research is of interest to Aboriginal and non-Aboriginal scholars, professionals and residents of small northern communities endeavoring to improve the community-based economic development process and involve local people in it.


Keywords: Aboriginal Peoples/Children/ Disabilities/Education/Government/ Research/ Work

Abstract: The paper includes a comprehensive set of 12 tables and four boxes, which detail current interventions. Building on this detail, the author uses the enabling conditions for healthy child development identified in Canadian Policy Research Networks’s earlier work as the organizing framework to analyze the needs of these families and the existing policies. The enabling conditions are adequate income, effective parenting, and supportive community environments. He describes the unique financial and parenting challenges faced by families that have children with disabilities, and the wide variation in the policies and investment choices undertaken by employers, governments and communities. He demonstrates that these parents and their children do not benefit from full access to work, education, and individual and community supports and services. They are not, therefore, living as full citizens. A great deal on the disability situations faced by Aboriginal peoples and parents is discussed throughout.


Keywords: Canada/Health/Native women/ Storytelling/Culture

Abstract: "The Saskatoon Community Clinic began a program of outreach to Aboriginal grandmothers in the fall of 1992 with funding from Health Canada. This outreach was called the Older Native Women’s Health Project. Project staff visited grandmothers in their homes and brought them together to talk about their own health as well as that of their families..."
and communities ... By telling their stories, the grandmothers are sharing their strength and wisdom with the community." -- P. 4 "This book is dedicated to the [23] Aboriginal grandmothers who told their stories to teach the younger generations about life, traditions, and values..." -- P. 3


Keywords: Canada/Health/History/Inuit Women/Montreal/Voices/Storytelling

Abstract: Includes a discussion on: (1) Awa, Apphia Agalakti, 1931-1996; (2) Katsak, Rhoda Kaukjak; (3) Katsak, Sandra Pikujak; (4) Inuit Canada History 20th century; (5) Femmes inuit Nunavut Biographies; (6) Inuit Canada Social life and customs; (7) Femmes inuit Nunavut Histoire, Inuit women Canada Social life and customs; (8) Inuits personal narratives; and (9) Nunavut Biographies. Saqiyua is the Inuit word for a strong wind that suddenly changes direction. Clearly, the lives of these strong Inuit women have totally and irrevocably changed. Theirs is a simple story of survival and strength, the essence of their lives. Storytelling is an integral part of Inuit life and the means by which life skills and values are shared. Wachowich went to the North first to observe the Inuit. These women became her friends, and she later returned to record their stories on tape with the help of interpreters. Respectful of oral tradition, she has attempted to faithfully translate these women’s oral histories into written narrative.


Available Online: http://www.yorku.ca/newh/english/pubs/MappingResearchRuralandRemoteWomen Keywords: First Nations/First Nations Women/Health/Research

Abstract: The focus of this paper is on a review of the literature regarding women and health in Northwestern Ontario and to identify gaps between existing research and concerns identified by northern women and isolated First Nations women specifically.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Disabilities/Gender/History/Multiple Oppressions/Research/Well-being/Work

Abstract: This study analyzes how living with a disability affects the well-being of a woman of Aboriginal ancestry. The research is an exploratory, qualitative, feminist study.

The social well-being model developed by Roeher Institute and the theory of multiple oppressions provide the analytical background for the study. The study focused on a woman named “Hope” and concluded that her race, class, gender, and disability interrelate to significantly affect her quality of life. An oral history approach was used in data collection through multiple interviews with a woman who is referred to as Hope. Two theoretical frameworks are used in the data analysis. First, the social well-being model developed by the Roeher Institute breaks down the concept of well-being into three elements: self-determination, democratization and equality. The second theoretical framework used is the theory of multiple oppressions, which emphasizes the interlocking nature of all oppressions. It also states that oppression is structured on multiple levels -- the personal, group, and institutional levels. The theory of multiple oppressions emphasizes the importance of placing the experience of the person or group being studied at the center of the work, a belief consistent with oral history methodology


Keywords: Social Justice and Equity/Women Offenders

Abstract: In order to fulfill its legal mandate to assign an initial security classification of minimum, medium, or maximum to all federally sentenced women offenders, the Correctional Service of Canada (CSC) has used the Custody Rating Scale (CRS) - an objective statistical tool - for more than a decade. Despite CSC’s numerous claims of this tool’s validity and the equity of its outcomes, it has been repeatedly suggested that the CRS misclassifies women in general, and Aboriginal women in particular. This article extends the (theoretical) debate surrounding the applicability of the CRS for these two subgroups of the inmate population. Using actual findings published by CSC, this article empirically demonstrates that the overall scale, one of its two subscales, and many of the individual items making up the classification tool have weak or no predictive validity for Aboriginal and/or non-Aboriginal women.

Further, it provides evidence that the CRS introduces a systematic bias against Aboriginal (relative to non-Aboriginal) offenders whereby a substantial proportion of these minority women are unjustly overclassified in higher levels of security. The article concludes with a discussion of several of the broader theoretical and policy implications of these findings.

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Abstract: The article focuses on issues related to the Custody Rating Scale (CRS) of Canada. While a significant linear relationship exists between overall CRS security level designations and institutional incidents for women as a group, this relationship collapses for Aboriginal female offenders. More specifically, the institutional incident rates for Aboriginal women classified in minimum and medium security are essentially the same. Clearly, the CRS lacks predictive validity for this subsample of female offenders, as it is unable to discriminate accurately between these two security classification designations according to differing probabilities of inmate risk. The most serious finding is that the CRS introduces a systematic bias against Aboriginal offenders whereby a substantial proportion of Aboriginal women are unjustly overclassified at higher levels of security. Despite the fact that relative to their non-Aboriginal counterparts, the large majority of Aboriginal offenders designated as medium security are not involved in institutional incidents, they are nonetheless classified at these higher levels.

Keywords: Aboriginal Women/Canada/Justice/Offenders

Abstract: Objective: To determine the characteristics of menopause in Aboriginal women, in particular Canadian Aboriginal women. Methods: An extensive review of articles extracted from both medical and non-medical databases was undertaken. The search strategy combined the key word “menopause” with any of the following terms: Aboriginals, Native Americans, Natives, Indians, Métis, and Inuit, Eskimo, and Indigenous people. Results: A total of 29 records were found, 13 of which had results relevant to the objective of the study. These articles suggest that menopause may have a positive effect on the lives of Aboriginal women with respect to increasing their freedom within the community. Aboriginal women appear to experience fewer vasomotor symptoms than other North American women. Conclusion: More research needs to be done to determine the effect menopause has on Canadian Aboriginal women and their coexisting diseases such as cardiovascular disease, hypertension, and diabetes mellitus. This work will allow health care providers to make more informed decisions on managing Aboriginal women’s transition through menopause in areas such as hormone replacement therapy (Journal Abstract).

Keywords: Aboriginal Women/Basic Physical Needs/Diabetes/Health/Health Care/Manitoba/Native Americans/women/Work


Keywords: Aboriginal Women/Basic Physical Needs/Diabetes/Health/Health Care/Manitoba/Native Americans/women/Work

Abstract: This is a wonderful collaboration between a white man and a Native woman. It speaks in both voices with power, control and poignant, devastatingly honest emotion. Written with the help of award-winning author Rudy Wiebe, this acclaimed novel tells of Yvonne Johnson’s experience while imprisoned for first-degree murder in 1991, and the spiritual strength she eventually found. A compelling story of murder, morality, justice and injustice, Stolen Life: The Journey of a Cree Woman is Johnson’s account of the troubled society we live in. Powerful and eloquent, this is a book about Indian life, of stolen land and stolen lives, which eloquently chronicles one woman’s path toward healing.

Keywords: Healing/Social Justice and Equity

Abstract: In response to a hunger fast by five members of the Sandy Lake Band at the Sioux Lookout Zone Hospital in Northern Ontario (Canada) -- a cultural protest of the status of health care services in the Zone -- the Federal Minister of Health agreed to establish a panel to review the region’s health care system. The year-long study involved hearings in each of the 28 remote communities of the Zone, and interviews with Elders and chiefs, women, and health care providers. A consultation team from McMaster University (Faculty of Health Sciences) assisted the panel with epidemiological survey research, literature reviews, and the interpretation of the data collected in the proceedings. This paper offers our interpretation of data collected from the qualitative study component. Specifically, it provides an interpretation of the discourse of the Native women of the Nishnawbi-Aski Nation on their experience of health and health care. An “idiom of loss” captures, we feel, the depth of their concerns, dilemmas and frustrations (Journal Abstract).

Keywords: Canada/Health/Health Care


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/Social Justice and Equity


Keywords: Canada/Health/Health Care

116. Wilson, K. J. (2001). The Role of Mother Earth in Shaping the Health of Anishinabek: A

Keywords: Aboriginal Peoples/Canada/Culture/First Nations/First Nations Communities/Health/Research

Abstract: This dissertation contributes to an expanding body of research within health geography that focuses on the role of place in shaping experiences of health. Recent research within the geography of health has begun to acknowledge and demonstrate that the meanings ascribed to places as well as individual experiences of places contribute to health. The birth of the journal ‘Health and Place’ is a reflection of the changing paradigms within the geography of health that argue for different perspectives and analyses of place. At present though, research on health and place is limited. Meanings of place and the relationship between place and health have culturally specific dimensions, yet these tend to be overlooked especially with respect to First Nations peoples. First Nations peoples have a relationship with the land that contributes to their experiences of place and health. However, while geographic research has explored First Nations’ health, few studies have actually attempted to explore the influence of cultural beliefs and values on health -- let alone the intricate link between the land and health. This dissertation presents the results of two separate yet interrelated approaches to understanding the intricate relationship between culture, health and place for First Nations peoples. Using data from the 1991 Aboriginal Peoples Survey, the first stage of this dissertation explores the determinants of First Nations’ health in the context of cultural variables that proxy a relationship to the land. In the second stage of this research, qualitative methods were employed to tap the process through which the land shapes First Nations’ health. The interviews were conducted in two parts. First, 17 in-depth interviews were conducted with Anishinabek (Ojibway and Odawa peoples) living in one First Nations community on Manitoulin Island, Ontario. The findings from the interviews suggest that particular geographies exist in which relationships between the land and health are manifested. These geographies are evident across different scales and they demonstrate that the land, as place, represents more than just a physical location. Rather, the land is simultaneously physical, symbolic and spiritual. Second, given that the urban First Nations population is increasing, interviews were conducted with Anishinabek who had relocated from Manitoulin Island and are currently residing in three urban locations: Hamilton, Sudbury, and Toronto. The interviews explored the extent to which cultural beliefs regarding the land could be transplanted and accommodated within urban settings. The interviews revealed that Anishinabek can successfully negotiate the specific challenges posed by urban environments and maintain connections to the land that are necessary for health. Further, the results demonstrate that negotiation takes place between and within particular geographic scales, both real and imagined. The findings of this dissertation demonstrate that culture is an important component of the link between health and place. Further, incorporating Anishinabe perspectives of health and place reveal that the current conceptualizations of health and place within the geography of health literature are partial (Author Abstract).


Keywords: Aboriginal Women/Justice/Montreal/Native women/Research

Abstract: This report describes the findings of a field study carried out in the Montreal area during the months of January to June, 1987; in the wake of a growing awareness on the part of Native Friendship Centre personnel that an increasing number of Aboriginal women, many of them Inuit, were coming to the Centre for emergency help. Through her research, the author derives an estimate of the number of Aboriginal women on the streets of Montreal, their use (or non-use) of available social services, and their involvement with the criminal justice system. Among the most significant recommendations to emerge out of this project is the need for an Aboriginal women’s shelter in Montreal that would be staffed by Aboriginal personnel (Dion Stout, 1997).


Keywords: Canada/Culture/Education/Inuit Women/Violence Against Women

Abstract: This article discusses restorative, community-based responses to violence against indigenous women in northern Canada, including wife abuse, marital rape, and violence. The author argues that restorative justice holds great promise, but there are significant challenges to ensuring that violence is effectively confronted and women are protected. Six critical issues are examined: (1) breaking the silence and education; (2) the needs of victims; (3) power relationships; (4) Elders; (5) cultural values; and (6) resources. Data are provided from a study of violence against Inuit women in the Canadian eastern Arctic. Although the focus is on indigenous communities, these issues are viewed as pertinent to many other communities and cultures (Journal Abstract).

120. Zellerer, E. (2005). Northern Women in Conflict with the Law. Unpublished Work Keywords: Social Justice and Equity

Abstract: The researcher will hold discussions with authorities in Yellowknife to help guide the research. Data will be collected from government documents, archival material, court records, and interviews. Pre-sentence reports will be examined and women who are being held at the Fort Smith Correctional Centre for Women will be interviewed. In addition, correctional authorities and service providers will be interviewed.
11. Social, Educational and Economic Determinants of Health

The role of poverty, housing, income, homelessness, single parent families and current family trends including the role of child welfare in relation to Aboriginal mothers are the central points of debate in this section. The literature grouped under this section includes material that cross-examines a wide variety of economic, educational and social issues that affect Aboriginal women, either individually or in their social and family roles as mothers and/or community and citizen members. The research under this caption highlights the underlying economic factors which can and do impinge on the health and quality of life experienced by Aboriginal women in Canada. This section has been broken down into nine subsections that look at: (1) overall, the economic and social issues facing Aboriginal women, including: (2) the consequence of poverty and marginalization; (3) single mothers; (4) the development of health and social service development programs for Aboriginal women; (5) income and economic factors; (6) the role of child welfare and its impact on mothering; (7) the role of social relationships among Aboriginal groups; (8) housing; and (9) homeless Aboriginal women. The educational literature under this section is also divided into three areas. While the material under this section is not all connected to health issues specifically, it does have a great deal of connection to the issue of health. Education and the research that results through educational avenues are important to understanding the health conditions, needs and strategies required for improving the health of Aboriginal women. The three sub-sections under this area look at (1) educational perspectives in relation to Aboriginal women; (2) indigenous knowledge and doing research with Aboriginal women; and (3) the appropriation of Aboriginal culture, knowledge and medicine.

All Encompassing

The six articles under this section all deal specifically with Aboriginal women who are identified as being among the most disadvantaged in terms of income and health. The material grouped under this section deal with social as well as economic elements that influence Aboriginal women’s lived realities. Gerber (1990) compared the socioeconomic situation of Aboriginal men and women and concluded that the most disadvantaged Canadians are female, Native and specifically Indian rather than Métis or Inuit. The marginalized socioeconomic status of many Aboriginal women results in detrimental lifestyles, unsafe environments, and overcrowded housing. These conditions impact the life chances and health status of many Aboriginal girls and women (Grace, 2002). The Final Report of the First Nations and Inuit Regional Health Survey (FNIRHS) co-written by MacMillan, Walsh, Jamieson, Crawford and Boyle (1999) did not focus entirely on Aboriginal women but it does provide statistics on various areas that have relevance to Aboriginal women’s health, concerns and needs. Their report dealt with the health issues surrounding tobacco use, examining residential schools and Elder health; chronic diseases, activity limitations and the need for continuing care as well as focusing on the search for wellness and health and dental services for Aboriginal people. Mannis’ (2005) research considered many factors that contributed to or adversely affected the well-being of Aboriginal women in Quebec and the maintenance of their health. Mannis noted that the perspectives and awareness that emerged from this study exceeded the very field of health care, extending to more general social issues, social inequalities, socioeconomic conditions and, in particular, the quality of life of Aboriginal women.

Poverty and Marginalization

These twelve articles focused primarily on the examination of the racialized
experience of poverty and marginalization among Aboriginal women in Canada. The gendered implications of poverty and poverty discrimination was examined by Abell (2005) who utilized the framework of international human rights activism to look at the relationship between women’s poverty and violence against women, in particular, on the poverty that affects women’s capacity to evade or escape or recover from violence and on the violence of poverty. Unfortunately, Abell’s article does not focus exclusively on the experience of Aboriginal women living in poverty. Researchers who have focused exclusively on poverty and marginalization issues among Aboriginal families who are primarily headed by single mothers include McIntyre, Connor and Warren (2000), who looked at the prevalence of hunger among Canadian children and the characteristics of coping strategies used by families in poverty. They noted that single-parent families, families relying on social assistance and off-reserve Aboriginal families in particular were overrepresented among those experiencing hunger and that hunger co-existed with the mother’s poor health and activity limitation as well as children with poor health. Parents (primarily mothers) among this group often offset the needs of their children by depriving themselves from food resulting in a diminished state of health. Miko and Thompson (2004) notes that Aboriginal mothers living in poverty often have to choose between eating and paying the rent. The Ontario Federation of Indian Friendship Centres produced two reports in 2000 and 2003 on poverty and child hunger among urban Aboriginal families (again primarily single-mother parent families). Both studies look at the extent and impact of poverty on Aboriginal children and families in urban centres in Ontario. The relationship between living in poverty and being marginalized in connection to the health of Aboriginal women was examined by Polakoff and Gregory (2002), Reutter, Neufield and Harrison (2000) and Roussy (2000). Polakoff and Gregory (2002) examined the concept of health among six women (three of whom were Aboriginal) who live in poverty and their struggle for wholeness in the face of poverty. Reutter, Neufield and Harrison (2000) on the other hand looked at the health of low-income Canadian women by reviewing research that was published in English language peer-reviewed journals between 1990 and 1997. They noted that much of this research addressed personal health practices and health status but does not focus specifically on specific issues for Aboriginal women other than the recognition of the need for increased involvement of diverse groups of women in research, such as homeless women and women of various ethnic backgrounds, including First Nations women. Roussy (2000), utilizing grounded research, looked at the health of pregnant women and the threat of poverty and violence posed to their capacity for health. Again, as in the other research noted in this subsection, the focus of Roussy’s article is not entirely on Aboriginal women but does allude to the health needs of pregnant Aboriginal women. Roussy merely indicates that special efforts must be made to render culturally sensitive care to First Nations women and that there is a need to recognize the connections between racism, colonization, poverty and violence.

Single Mothers

Only two articles looked specifically at issues for Aboriginal single mothers. Sunseri (1997) looks at neo-conservative government policies and their impact on Aboriginal single mothers in Ontario and concluded that the effects of neo-conservative policies are negative for the well-being of single Aboriginal mothers. Furthermore that these policies are not gender neutral and have an undertone of racism especially for this group. DIAND commissioned a study on single Aboriginal mothers based on custom tabulations from the 1996 Census of Canada. The study focused on women who identify as Aboriginal as opposed to those who have Aboriginal ancestry as it is this population that is culturally and
socioeconomically more distinct from the Canadian mainstream. The study indicates that single-mother families are almost twice as common in urban areas as in rural areas among all three identity groups (Indian, Métis, and Inuit). Among the registered population, those living off reserve in urban areas had the highest proportion of female single-parent families while those living on reserve had the lowest proportion. This pattern is similar among the other Aboriginal identity populations as well. The portion of female single-parent families with children 0 to 15 years of age was also highest among the Registered Indian population, especially among those living in urban areas as opposed to rural localities. According to the statistics, single Aboriginal mothers also tend to be younger than the general population. Jeremy Hull, who worked on tabulating the statistics on single Aboriginal mothers in Canada, also states that educational attainment may influence the likelihood of being a single parent; however, the data is inconclusive about the relationship between educational attainment and being a single parent among the female populations in each of the three Aboriginal groups. On the other hand, educational attainment does correlate with the level of employment and income amongst these groups. Among the Aboriginal population, single mothers have the lowest employment rates and thus lower earning power. Employment was also found to be related to place of residence as the statistics reveals that Aboriginal single mothers living on reserve or in rural areas had higher rates of employment than those living in off-reserve, urban areas. There was a large difference in employment rates between Aboriginal and non-Aboriginal single mothers, especially in urban areas where the difference was more than twenty percentage points. Aboriginal single mothers also experience lower incomes when compared to all age brackets. Aboriginal single mothers are also overrepresented among those who are dependent on government transfer payments and again, Registered Indian single-parent mothers, in particular, living in urban off-reserve locations (75%) were more likely to depend on government transfer payments in comparison to other Aboriginal populations.

It is clear from this research that all Canadian single mothers tend to experience economic disadvantages, including problems in the labour market and low family income, but Aboriginal single mothers, especially those who are registered Indians and living in urban localities, experience these problems as well but to a greater extent than do others. Given the high prevalence of Aboriginal single-parent mothers in urban areas, low educational attainment, high rates of unemployment and low income levels, there is no correlation of these known facts with the health status among this population. Given recent research findings, growing numbers of children living in single-parent families are likely to experience more educational and health-related problems than other children. If children in low economic conditions are at risk healthwise, then so too are their mothers. Health risks seem to be related to both income levels and parenting styles. The findings from Hull’s research suggest the need for further research in other areas. For instance, research on the connection between socioeconomic conditions and the levels of health amongst single Aboriginal mothers is silent and evidences an enormous gap in the literature and in our understanding of the quality of health experienced by Aboriginal women in this specific population.

Health and Social Services Development

The research in this area looks primarily at the development of Aboriginal health and social service development and the role that Aboriginal women and peoples have played in developing these services. Allard (1993) documented the evolution of urban health and social services among the Aboriginal population in Winnipeg, interviewing many Aboriginal women-
centred service organizations. Allard’s research documents the degree of control that Aboriginal people, especially women, demonstrated in the development of urban Aboriginal health and social services. Antoniow (1993) discussed the overall approach to the development of a “Talking Bridge” initiative that came about as a response to gaps in services to Aboriginal people with respect to health care programs. The project addressed the health needs of single parents but also the needs of Elders, men, youth and women who did not have children. Antoniow’s article merely describes the goals and accomplishments of the “Talking Bridge” project rather than focusing primarily on Aboriginal women. Bennett (2003) documents the involvement of Aboriginal children welfare organizations in the development of child welfare services under the self-government initiatives of the Manitoba Framework Agreement Initiative. Interviews regarding the development of child and family services were mainly held with the executive directors of the First Nations Child and Family Service organizations in the southern part of the province, the majority of whom were Aboriginal women. The findings of a qualitative assessment identifying the health, wellness and social services needs of Aboriginal women’s perspectives on ways that these barriers could be dismantled. Napoli (2002) also looked at the development of an integrated holistic health care model designed for Aboriginal women because of the health challenges faced by this group. Napoli notes that gathering together to support each other is a traditional custom for Aboriginal women and that the integrated holistic health care model capitalized and was designed around this fact. As such, the model offers Aboriginal women an opportunity to deal with the challenges of mental and physical health issues through traditional activities, enhancing their physical and spiritual health and receiving education while creating an atmosphere of empowerment and mutual support.

Strategies aimed at developing cultural and community-based health initiatives so that Aboriginal people could claim and reassert their identities was shared in the research conducted by Davis, Dudziak and Harding (2005). They highlight specifically the work of the Aboriginal Healing and Wellness Strategy in the Province of Ontario. The Aboriginal Healing and Wellness Strategy (AHWS) is a policy and service initiative that brings together Aboriginal people and the Government of Ontario in a unique partnership to promote health and healing among Aboriginal people. In 1990, Aboriginal organizations and the government ministries that developed this strategy expressed a commitment to combat the alarming conditions of poor health and family violence that Aboriginal people in Ontario have endured. The strategy enables Aboriginal communities to address family violence and health service needs through the integration of traditional Aboriginal teachings and mainstream health services and interventions. More than 250 community-based and regional Aboriginal programs have been established. These include health access centres, shelters for abused women and their children, and healing lodges and treatment centres that blend traditional and western approaches for the treatment of sexual assault, physical abuse, addictions and family dysfunction (Davis, Dudziak and Harding, 2005).

Income and Economic Factors

The body of research under this heading focused directly on the health disparities experienced by Aboriginal peoples as part of the direct and indirect aspects of social, economic, cultural and political inequalities (Adelson, 2004). Dion Stout (1995) in particular addressed the economic conditions experienced by Aboriginal women which affect them not only socially and economically, but
also have a direct impact on their mental well-being. Donner (2000), while not focusing specifically on the experience of Aboriginal women, discussed the health and hygiene of poor women, including Aboriginal women, in Manitoba. Donner looked at the health aspects that result from living in poverty, income distribution and the health policies within Manitoba. Kenny’s (2002) research, based on the findings of focus group and interviews with 140 Aboriginal women from eight locations across Canada, highlights the barriers which policies and legislation create for Aboriginal women. Various laws, especially the Indian Act and other government policies, do not effectively support or encourage Aboriginal women to maintain full cultural lives while trying to attain contemporary education and work. Research on the effectiveness of employment, job access and training programs for Aboriginal women in the Province of Quebec found that programs that encourage employability for Aboriginal women meets various needs among Aboriginal women from Montreal and surrounding areas. Among the needs and well-being factors identified for Aboriginal women were that of earning a living, participating in community activities and being with other Aboriginal people (Lévesque, 2001). Rude and Deiter (2004) looked at the gender implications of free trade on Aboriginal women, especially with respect to forestry issues. Aboriginal women from First Nations reserves in British Columbia and Saskatchewan indicated that they were deeply concerned about the pace and manner in which trade in timber was progressing in Canada and that often women’s voices and perspectives were not included. Although the focus of this research was on forestry issues, it does provide insight into the health concerns identified by Aboriginal women and other community members. Particularly noted was that the loss of traditional foods together with the commercialization of the forest increasingly forced Aboriginal peoples to live off store-bought foods which create health problems such as diabetes and dental concerns. White, Maxim and Gyimah’s (2003) article looked at labour force activity among Aboriginal women and its direct effect on familial status and household structure to see whether these factors had any similarities among Aboriginal and non-Aboriginal women. Their research indicates that the lower educational attainment of Aboriginal women coupled with the presence of minor children and lone parenthood was found to be associated with a lower likelihood of being employed.

The Impact of Child Welfare on the lives of Aboriginal Women

The literature in this area indicates that child welfare and the ideology of motherhood impacts Aboriginal women more significantly than other female populations within Canada. Bodgden (2000) notes that women who divorce and who deviate from the ideals of motherhood leave themselves open to regulation by the courts that decide which parent will receive custody of children. Systemic discrimination of women disadvantaged by Aboriginal status, race, ethnicity, culture, religion, disability and sexual orientation in the custody arena is explored. Among her research participants are the views of two Aboriginal women involved in child custody battles with their partners. Haig-Brown (1998) looked at the history of Aboriginal women and the role of women as “warrior mothers” who should be respected for maintaining, rebuilding and developing vibrant contemporary First Nations lives and cultures. The experience of Native women with the child welfare systems are noted in the research conducted by Howse and Stalwick (1996) and Kline (1992 and 1993). Kline in particular examined the origins and operation the “best interests” doctrine promulgated in the law and how this doctrine structures and constrains judicial decisions made respecting First Nations child welfare. MacDonald (2002) notes that many Aboriginal women who have had their children apprehended by child welfare authorities rarely have had their
concerns heard and/or documented in the literature. Similar research conducted by Pobihushchy (1999) looked primarily at women identified by child welfare authorities as being at risk of having their children removed due to substance misuse. Pobihushchy identified barriers to treatment for women and the dearth of treatment options available, especially for Aboriginal women. The high percentage of First Nations women, who participated in this study, Pobihushchy says, indicates the need for culturally competent service delivery and for empowerment strategies and processes to be used with these women who are oppressed in many ways. Furthermore, women’s involvement in child welfare initiatives can also be further complicated by political interference by some band chiefs and council when Aboriginal child welfare agencies investigate child abuse (Fontaine-Brightstar, 1996). An extensive look at the child welfare system and it connection to the homeless situation among Canadian youth was conducted by Serge, Eberle, Goldberg, Sullivan and Dudding (2002). One quarter of the youth who participated in this pilot study identified themselves primarily as Aboriginal or gave this as their first ethnic group. However it was noted that Aboriginal youth comprise half of homeless youth who have been in care. Unfortunately, due to limitations and due to the small number of cases, the authors note it was not possible to analyze separately the results for various subgroups of youth on homelessness, such as Aboriginal youth or young women. The difference in perceptions about feminism and motherhood between Native and non-Native activists in the United States and Canada was the focus of Udel (2001). Udel notes that many Aboriginal women condemn western notions of feminism because it has devalued the role of motherhood for Aboriginal women and their traditional responsibilities.

A rarity in the research on the effects of the child welfare system on the Aboriginal women who work within this system was conducted by Reid (2005) who examined the mental health of Aboriginal women working in the Aboriginal child welfare field. In particular, Reid’s research focused on the impacts of child welfare work on First Nations women’s holistic health, how First Nations women cope with child welfare work, and strategies First Nations women utilize in dealing with the issues they face in doing this type of work especially in small First Nations communities. The themes in Reid’s research identified five themes the include the stress of dual accountability, unrealistic expectations and multiple roles, the emotional costs and benefits of relationships, the fact that meaningful work gives strength and how women coped and maintained their holistic health under such work conditions.

Social Relationships among Aboriginal Groups

The social influences among Aboriginal people are behind the focus of the research under this heading. Biggs (1995), looking at Inuit relationships, notes that complex and counterbalancing motivations underlying attachment, which governed social life in traditional Inuit camps, continue to influence Inuit behaviour in modern settlements. Kendall (2001) stated that Aboriginal people endure an “endless circle of disadvantageous circumstances such as family violence, educational failure, poverty, ill health and violence.” His research reviews the major factors that contribute to such conditions and how Aboriginal people are trying to interrupt this endless disadvantage. The resilience of Aboriginal families and the pivotal role that families play in healthy communities is documented by Castellano (2002), who notes that Aboriginal families continue to survive in various traditional multigenerational and extended forms. Castellano documents life stories about the different trends among Aboriginal families as they knit together new connections in urban environments and with other Aboriginal people who come from diverse nations and in the process create “families
Elias (2004) examined more closely how the social environment influences the health of First Nations communities in Manitoba. How the social, cultural, geographical, economic, health status, risk factors, and health service environment of First Nations communities independently influence health risk, health status, and preventative health practices was examined. Approximately half of the participants in a study that looked at health risks and conducted by O’Neil, Elias, Yassi, Fletcher and Cohen (1997) were Aboriginal women. Cultural perceptions (and implicitly, gender perceptions) with respect to traditional land use activities and the risk associated with industrial developments in four regions were explored.

**Housing Issues**

The lack of housing and lack of affordable housing on and off reserve as well as in urban areas has a significant impact on the health and well-being of Aboriginal women and their families and communities. Mason (1996) noted that there is a desperate need for livable, adequate and clean housing for all Aboriginal people, especially women in urban areas. Women and children especially are doubly affected by the lack of such housing and in the male-dominated urban settings; the issue of wellness and health affects Aboriginal women and their children in ways that are not often understood. O’Hearn (1995) reported on the housing crisis in Inuit communities in northern Canada and analyzes the link between housing shortages and social problems such as family violence and other social problems in the community. Housing reform and the efforts to improve housing for First Nations peoples was discussed by Perry (2003) who suggests that housing was an important site in the colonial encounter and that the colonial encounter was key to honing and disseminating new ideals related to housing, gender, and family. Research on the association between housing density, isolation and the occurrence of tuberculosis in First Nations communities was conducted by Clark, Nowgesic and Riben (2002). The residential mobility of marginalized populations, especially among single mothers of Aboriginal origin, was explored by Skelton (2002). A more focused approach to Native women and housing was conducted by Chagny (1999) who looked at the importance of involving women in housing projects within a First Nations community in Quebec that had been relocated 17 years prior. Chagny’s thesis pointed out the importance of defining housing layouts in accordance to the Native families’ choices and sense of identity.

**Homeless Aboriginal Women**

Closely associated with the lack of housing and affordable housing issues is research on homelessness experienced by Aboriginal women. Bridgman (2000 and 2001), a city planner and professor at the University of Manitoba, appears to be the only researcher to have conducted research among homeless Aboriginal women. Her interest in this area stems largely from her own experiences of being a homeless woman. Bridgman, using narratives and commentaries, notes that the stories of homeless Aboriginal women reveal experiences of ill health, abuse, neglect, alcoholism, and violence but also the development of deep friendships and an abiding sense of reason among homeless Aboriginal women. Bridgman indicates that it is important for Aboriginal women to find meaning in their own experience of being homeless and she names herself in her own narratives.

**Educational Perspectives**

While not all of the articles under this subsection deal with health-related matters for Aboriginal women, they do address the importance of learning and the role that education plays in the well-being of Aboriginal women. Castellano (1982), a female Aboriginal scholar, noted that when developing successful health policies with respect to Aboriginal people, Aboriginal people need to be meaningfully
empowered to participate. Collier (1994) looked at the educational experience and influence on the educational attainment of other Aboriginal students by ten Cree women who left their northern community to attend a nursing college in the south. The role of Ojibway women as adult learners in a teacher education program was highlighted by Freeman (2001) while Hawkins (1997) documented the successful outcome of an English language program designed to employ Aboriginal women in banking, business and other business sectors, including the health field. LaRocque (2000) sheds light on “traditional knowledge” and its impact on Native Studies and scholarship at the University of Manitoba. Similarly, Luther, Whitmore and Moreau (2003) include the experience of four Aboriginal women scholars and how systemic racism in universities affects the way Aboriginal women become scholars and impacts their teaching styles and interactions with students. Pictou (1996) analyzed the transformation that Mi’kmaw women underwent as a result of their educational experience. Pictou in particular notes that when Aboriginal women are given a chance to critically reflect and speak from an Aboriginal/feminist perspective, alternative forms of knowing emerge that become central to the learning process and in turn can transform Aboriginal women’s lives. The emergence of Aboriginal women scholars in various disciplines has had a major impact on the understanding of Aboriginal history as well as on the scholarly and political agendas. Fiske (2000) indicates that a review of the literature by, for, and about Aboriginal women in the areas of history, law, education, health, and literature reveals new trends in interdisciplinarity within feminist studies of colonialism, representation, “voice” and issues of equality and empowerment. Frye (2000) also notes the influence of Aboriginal women in terms of supporting and utilizing indigenous methods such as the use of circle methodology within and across various disciplines.

Indigenous Knowledge and Doing Research with Aboriginal Women

All of the materials grouped under this subcategory effectively recognize the indigenous knowledge that Aboriginal women possess and the importance of obtaining the participation of Aboriginal women in research across various disciplines, including health. For instance, Dickson (2000 and 2001) documents the role of Aboriginal grandmothers in participatory action research around health needs and interventions for promoting health among Aboriginal women in downtown Vancouver, British Columbia. Morris (1999) looked at the current women’s health environment and the ongoing problem of the lack of meaningful research about Aboriginal women among other areas such as that of lesbians, women of racial, ethnic and linguistic minority backgrounds, women with disabilities, young women and women over 65. The National Aboriginal Health Organization (2003) (NAHO) indicated that research is one way to create knowledge and includes a framework for providing guidance and direction in setting NAHO’s current research role and agenda and help them determine what research the organization would support and endorse. Research was conducted by the Prairie Women’s Association of Canada (2002), who expounded on a group of First Nations and Métis women’s interest in improving health services for Aboriginal women and their families. Their project used a community-based approach to begin dialogue with Aboriginal women and service providers in Saskatoon to gain a better understanding of Aboriginal women’s access to health services in the city, to identify gaps in services and to develop a shared vision of an Aboriginal women’s health centre that would be designed to meet Aboriginal women’s health needs. The Saskatoon Aboriginal Women’s Health Research Committee (2005), following the ethical guidelines developed by RCAP, sets out
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ethical guidelines for conducting health research with Aboriginal women. These guidelines were based on their own work and research with Aboriginal women and advocate some of the best practices adopted by the Saskatoon Aboriginal Women’s Health Research Committee.

Another set of guidelines developed for scholars doing health research with Aboriginal peoples was developed by a broad range of medical professionals (Smylie, 2001). That guide emphasized culturally appropriate health care, treatment in Aboriginal languages, providing cultural interpreters and Aboriginal health advocates on staff, access to informed consent regarding medical treatments, the importance of family and community roles and responsibilities, respect for traditional medicines and work with Aboriginal healers, as well as attaining knowledge and involvement in Aboriginal communities and the people in them. The strength of qualitative research is that it offers an approach that can be responsive to community needs, says Strickland (1999), who utilized grounded theory as a methodology in understanding attitudes held by Aboriginal women around Pap test screening. Gaps in research about the needs of northern and isolated First Nations women were addressed by Wakewich and Parker (2002). Young (2003) reviewed and examined existing research to determine if the research had adequately examined the health needs of the Aboriginal people in Canada and concluded that health researchers have not adequately examined several important health needs (i.e. rehabilitation) of the Aboriginal population.

Appropriation of Aboriginal Culture, Knowledge and Medicine

Very little literature exists under this category; however two authors have looked at the appropriation of cultural knowledge and medicine. Donaldson (1999) in particular examined the misappropriation of Native American Indian traditions and spirituality and its use in feminist literature while Rowley (2001) examined more specifically the images and stereotypes of the life ways of Aboriginal women and how these images and stereotypes have historically been related to “nature” in dominating cultures in Canada.

An annotated list of all resources organized around social, educational and economic determinants for Aboriginal women are set out below.

Bibliography of Resources

   Available online: http://www.fafia.org/research/violencepang.pdf
   Keywords: Aboriginal Women/Human Rights/Poverty/Racism/Social Class/Social Justice and Equity/Violence against Women
   Abstract: Examines the gendered and racialized experiences of poverty/class and violence in Canada. Within the framework of international human rights activism, it focuses on the relationship between women’s poverty and violence against women, in particular, on poverty that affects women’s capacity to evade or escape or recover from violence and on the violence of poverty. Also examines the gendered implications of the structuring of poverty and poverty discrimination in Canada and integrates other considerations such as race, age, sexual autonomy and status.

   Available Online: http://www.igh.ualberta.ca/RHD/Synthesis/Aboriginal.htm
   Keywords: Aboriginal Peoples/Aboriginal Women/Adequate Human Services and Social Safety Net/Health
   Abstract: Reviews the health disparities among Aboriginal peoples (First Nations, Inuit and Métis) in Canada, all direct and indirect results of social, economic, cultural and political inequities.

Keywords: Aboriginal Women/First Nations/Health/History/Manitoba/Social Services

Abstract: A social history of Aboriginal health and social services development in Winnipeg, with the objective of documenting the evolution of urban health and social services reflecting Aboriginal priorities and concerns. The report attempts to demonstrate the degree of Aboriginal control in their development. The study was based on interviews with health and social service providers, policy makers, and administrators from Winnipeg. Agencies involved included: Aboriginal Women's Centre; Native Women's Transition Centre; Original Women's Network; St. Boniface Hospital Native Services; Ikwe Widjittwin (Women's Centre); Mayfair Boarding Home for Medical Patients; Assembly of Manitoba Chiefs Health Committee; Manitoba Métis Federation Health Committee; Aboriginal Council of Winnipeg; Métis Child and Family Services; Ma Mawi Wi Chi Itata Centre; and Health Science Aboriginal Services Department. Also involved were: Winnipeg Aboriginal Health Centre Steering Committee; Manitoba Department of Health; and University of Manitoba Northern Medical Unit.


Keywords: Aboriginal Parents/Health Care/Single Parents

Abstract: The “Talking Bridge” project was initiated in response to an identified gap in services in urban Aboriginal health care programs; specifically, it addressed single parent families who lacked emotional support in their everyday life in situations such as medical operations, childbirth, mental health, addictions, socialization, health awareness, cultural awareness, financial stresses, physical and sexual abuse, and peer support. The project targeted other areas in need of support other than single parents. They were Elders, men, youth, and women with no children. This report describes the activities of the project since funding was provided by the Ontario government, demonstrating its success, and to justify continued support for the project.


Keywords: Canada/First Nations/Manitoba

Abstract: This thesis focuses on some of the experiences and challenges on how First Nations citizens have been engaged in public discussions that will inform the development of contemporary First Nations governing institutions. This research combines an overview of the literature focusing specifically on self-government in relation to child welfare and First Nations people. The literature review also looks at the role First Nations peoples have played in community consultations concentrating specifically on the ways First Nations peoples and communities have been engaged to participate in other consultation initiatives carried out by Aboriginal and non-Aboriginal governments and/or non-government organizations. The review of the literature is supplemented by an examination of two very specific child welfare initiatives currently underway in the Province of Manitoba, with more attention paid primarily to the Manitoba Framework Agreement Initiative. The examination of these two initiatives is then followed by an in-depth data analysis of interviews carried out with a select group of child welfare professionals from within and outside Manitoba who shared their perspectives on aspects of engaging First Nations people’s participation in shaping the future of child welfare under self-government. This research will be of particular importance to First Nations communities, governments and child welfare authorities who are interested in engaging and empowering First Nations peoples to participate in public discussions on the decision-making process that might be instrumental for informing the vision, philosophy, structure and the consultation aspects of self-determining efforts of First Nations peoples. The majority of interviews were conducted with female Aboriginal executive directors of the southern CFS agencies who provide services to 36 southern First Nations communities in Manitoba.


Available Online: http://www.pwhce.ca/pdf/abWoHealthBentFull.pdf

Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/Health/Women’s Health

Abstract: Aboriginal women suffer the effects of marginalization in every area of their lives. Profound effects have particularly been noted in their health and wellness status. Yet little research has been conducted to unravel the complex array of variables that affect their health and wellness. Research that has been conducted either medicalizes their
experiences in a Western fashion, so that little is still known about the actual lived experience of health and wellness for Aboriginal women. This research study sought to answer questions that are important to Aboriginal women’s health and wellness because it relates to identifying aspects of health and wellness that are unique to Aboriginal women. In Project I, 125 Aboriginal women completed a 49-item questionnaire designed to assess their health status across four dimensions (i.e., physical, mental, emotional, spiritual), their health and wellness concerns, their access to health care services in the mainstream and in the Aboriginal community and most importantly their thoughts on what “wellness” means to them. In Project II, the primary focus was on identifying aspects of wellness, health concerns across the same four dimensions, and documenting Aboriginal women’s stories about their experiences with the health care system. Ten Aboriginal women who did not complete the survey questionnaire were interviewed and asked questions relating to their health experiences, needs and concerns. The results indicate that Aboriginal women face health problems that are not common to non-Aboriginal women and current health care services do not adequately meet their needs. These results are discussed in terms of acculturation theory. Elder consultation also provided information for the inclusion of traditional knowledge in the analysis. The interview results were analyzed for relevant themes in relation to the survey data, current services and traditional knowledge (Author abstract).


Keywords: Canada/Research/Aboriginal Mothers/Gender/Child Custody

Abstract: The ideology of motherhood embodies a matrix of values and behavioural standards deemed to constitute ‘good mothering’ with the presumption that some mothers are ‘better’ than others. Women in custody disputes are effectively differentiated by the ideology of what constitutes a good mother. Upon dissolution of marriage, mothers who deviate from the ideals of motherhood leave themselves open to regulation by the very courts that are going to decide which parent will receive custody of the children. This thesis uses a combination of methods, including interviews with mothers involved in custody disputes, custody cases from January 1996-January 1999, and a review of the academic literature to determine if current research mirrors what women say of their own experiences. This thesis demonstrates that custody law is gendered and reflective of patriarchal ideology. Finally, the thesis offers recommendations for action.


Keywords: Aboriginal Women/Health/Homelessness

Abstract: This life history of a formerly homeless Aboriginal provides an opportunity for one story to be told. The article experiments with a form in which narrative and commentary are split to help us listen to this story without interruption. Within a moral framework, we hear a story that attests to ill health, abuse, neglect, alcoholism, violence, deep friendship, and an abiding sense of reason. Two questions underlie the author’s article: “How does she name herself in her own narratives?” and “How does she find meaning in her own experiences?”


Keywords: Aboriginal Women/Cultural Integrity and Identity/Homelessness

Abstract: This paper describes complex and counterbalancing motivations underlying attachment, which governed social life in traditional Inuit camps and continue to influence Inuit behaviour in modern settlements. These motivational patterns are capable of maintaining a strong sense of personal worth and connectedness with other people; but they can malfunction in difficult circumstances. The differing vicissitudes of nurturance and dependence in camps and in settlements are described, with focus on the development of a vicious circle, which can afflict the self-esteem of Inuit who live under modern conditions (Journal Abstract).


Keywords: Inuit families/Family Relationships/Family Trends

Abstract: This paper describes complex and counterbalancing motivations underlying attachment, which governed social life in traditional Inuit camps and continue to influence Inuit behaviour in modern settlements. These motivational patterns are capable of maintaining a strong sense of personal worth and connectedness with other people; but they can malfunction in difficult circumstances. The differing vicissitudes of nurturance and dependence in camps and in settlements are described, with focus on the development of a vicious circle, which can afflict the self-esteem of Inuit who live under modern conditions (Journal Abstract).

Annotated Overview of Research on Aboriginal Women, Health and Healing

Keywords: Canada/Disabilities/Poverty/Social Patterns

Abstract: In this chapter the authors discuss the social patterns and processes by which differently located women are marginalized within feminism. A focus is provided on First Nations women, African-Canadian women, immigrant women, women with disabilities, and poor women.


Keywords: Education/Health/Research/Work

Abstract: Development of policy, in this instance health policy, must engage meaningful and empowered Aboriginal participation, to be successful. Although this is an older article, it remains useful for the author’s insights, which have been developed further in her later work on participatory research.


Available Online: http://www.vifamily.ca/library/cft/aboriginal.pdf

Keywords: Canada/Canadian Aboriginal Families/Family Trends/Strong Families and Healthy Child Development

Abstract: This paper emphasizes the resilience of Aboriginal families which continue to survive in various traditional multigenerational and extended forms. It speaks of the different trends occurring with Aboriginal families as they knit together connections in urban environments, with Aboriginal people who come from diverse nations and creating “families of the heart.” The life stories that the author shares represent some of the trends she has witnessed in Aboriginal family life in Canada. The paper discusses additional details on the traditions that continue to animate Aboriginal families, the historical legacy that they wrestle with, and the pivotal role that family plays in their vision of healthy communities and vibrant citizenship. The last part of the paper looks primarily at healing issues for Aboriginal families.


Keywords: women/First Nations/First Nations Women


Case Study: Chisasibi, Northern Quebec. Thesis (M.Arch.) -- McGill University, 1999.


Keywords: Canada/Gender/Housing/Native women

Abstract: Cree communities in northern Quebec have been going through rapid changes since the first arrival of the Euro-Canadians on their lands. Their customs, their houses and their eating habits have been deeply influenced by Western living patterns. Today, the houses and the community designs remind more of the suburban Canadian landscape. Yet, the Native social, cultural and natural environment still differs from non-Native communities in Canada. Traditionally, women used to play an important role in the domestic area. Due to colonization, Native women have lost their status and are not part of the decision-making process of their homes. Despite that, Native women have continued to play a special role in fostering a sense of identity in their communities. It is therefore important to involve them in housing projects in order to find designs more adapted to the needs of their families. The case study took place in Chisasibi, a Cree village at the North of James Bay, which has been relocated 17 years ago, and been living in fully equipped houses based on western designs. This thesis aimed at revealing the opinion of Native women about their domestic environment and collects their suggestions for future improvements. The results showed that Native families’ lifestyles have become more and more diversified: some want to incorporate traditional behavior patterns, other on the contrary, are more inclined in living the western way. Of course age and social background play an important role in their opinions. Still, the major criticism concerns the inappropriate designs and the lack of space and storage, which tend to influence the way people use the space in the house. The thesis pointed out the importance of defining housing layouts in accordance to the Native families’ choices and sense of identity (Author Abstract).


Available Online: http://ije.oupjournals.org/cgi/reprint/31/5/940.pdf

Keywords: Canada/First Nations/Housing

Abstract: This article discusses a study that was done to assess the association between housing density, isolation, and the occurrence of TB in First Nations communities in Canada.
Abstract: In Ste-Anne-de-Bellevue, a village in the West Island suburbs surrounding Montreal, stands John Abbott College. Part of the CEGEP system (Collèges d'Enseignement Général et Professionnel) of Quebec, it provides a two-year pre-university and professional programs (nursing, aircraft maintenance, police technology, etc.) to secondary school graduates. Mohawks from the nearby reserves of Kahnawake and Kanahsatake have attended the college since its inception in 1970. They have done so in small numbers, though, and have passed through relatively unnoticed. In January 1989, however, ten Cree women from the James Bay area enrolled in nursing, making up one third of the new intake. Their arrival, and the resulting culture shock they and their teachers underwent, led to the institution of a Cree Nursing Project at the college. Counselors were hired to work with the Cree communities, students, and staff. So far, two students have graduated; others follow in their footsteps. Meanwhile, more Cree students have arrived to study in social science, business administration, and other programs. All the students come under the now broadened mandate of the Cree Nursing Program, with its expanded staff of counselors. In 1990, the Kativik School Board, established under the James Bay Agreement to oversee the education of Inuit students, set up its own support program and registered all its students studying in English at John Abbott College (others studying in French are registered at a different Montreal college) (Journal Abstract).


Abstract: Article appears in the Winter 2002 edition of the CEWH Research Bulletin (Vol. 2, No. 3) and in the Fall/Winter 2001/2002 issue of Network/Le Réseau (Vol. 4/5, No. 4/1). Summarizes research conducted for the Prairie Women’s Health Centre of Excellence. Describes the work of two researchers, Connie Deiter and Linda Otway, who use specific research methods to include the participation of Aboriginal women (CWHN Abstract).


Abstract: This article describes a case study examining the effects of participating in a health promotion project, one aspect of which was a health assessment conducted using participatory action research. The study was carried out over 2.5 years in a project for older Aboriginal women (hereafter known as the grandmothers). Participation in the project and health assessment contributed to a number of changes in them, which were categorized as cleansing and healing, connecting with self, acquiring knowledge and skills, connecting within the group, and external exposure and engagement. This experience demonstrated an approach to health promotion programming and conducting a health assessment that was acceptable to this group of people and fostered changes congruent with empowerment.


Abstract: This inquiry is a case study of the utility and appropriateness of participatory action research both as a research methodology and as an intervention for health promotion. In the study, I examined the effects of participating in a health promotion project, one aspect of which was a participatory health assessment. I also described in detail the experience of using participatory action research to conduct the health assessment. The study was carried out over 2.5 years in a health promotion project for older, urban, Aboriginal women (hereafter known as the grandmothers) sponsored by the local community clinic. The overall purpose of that project was to examine the health needs of these women and respond through health promoting programming. The grandmothers were the central participants in the study. Participation in the project and health assessment contributed to a number of changes in them which I have categorized as: personal cleansing and healing; connecting with self; acquiring knowledge and skills; connecting within the group; and external exposure and engagement. ‘Participation’ was identified as the central influence on the outcomes, ‘action’ as a theme interwoven throughout, and ‘opportunity’, ‘encouragement’, and ‘mediation’ as key characteristics of the project and research environment. This experience of using participatory action research demonstrated...
its success as an approach to conducting a health assessment which was acceptable to this group of people and congruent with the health promotion project in which it was embedded. The analysis of the experience highlights both tensions and accomplishments. The findings of the health assessment are published in a separate document.


Keywords: Aboriginal Women/Critical Learning Opportunities/Women’s Health

Abstract: Participatory action research is evolving as both a research methodology and an intervention for health promotion. Here we describe its use in conducting a health assessment as part of a larger project for older Aboriginal women (hereafter known as the grandmothers). The overall purpose of the project was to study the women’s health needs and respond through health promotion programming. The experience of using participatory action research revealed a number of lessons, including challenges and points of tension, and determinants and indicators of success. The research team identified some implications for consideration by others interested in participatory action research.


Keywords: Aboriginal Women/Ethnicity/ Health/Well-being/women

Abstract: This paper examines social and economic factors affecting the mental well-being of Canadian Aboriginal women. The disenfranchising effects of poor social and economic environments, experiences and living conditions are highlighted. The author recommends that closer attention must be paid to how spirituality, ethnicity and socioeconomic development can best transverse with relationships of wealth creation and distribution (Dion Stout, 1997).


Keywords: Aboriginal Women/Basic Physical Needs/Canada/Canadian Women/Education/Health/Health Care/Health Determinants/Medicine/Social Support/ Traditional Health/Women’s Health

Abstract: In this paper I seek to identify and understand the key issues, concerns and trends currently affecting the health of Aboriginal women in Canada. Adopting a ‘population health’ approach, I argue that Aboriginal women’s relatively poor health status (when compared to that of non-Aboriginal Canadian women) can only be understood in the context of a range of health determinants, including socioeconomic status, education and employment conditions; social support networks; physical environment; healthy child development and access to health services. Although Aboriginal women are often faced with highly unfavourable personal circumstances, they are seeking to effect positive change in their health status by drawing upon the strength afforded by Aboriginal feminism and traditional health frameworks. Moreover, in light of such developments as the transfer of control over health care services to Aboriginal communities, as well as the growing acceptance on the part of mainstream medical and policy communities of the value of traditional forms of medicine, there is reason for cautious optimism regarding the future direction that Aboriginal women’s health will take in this country. However, for Aboriginal women to achieve their full health potential there must be a sustained commitment on the part of all concerned parties, including women and men as well as health care providers and governments to tackle not merely the effects of ill health, but also its underlying causes (Author Abstract).


Keywords: Culture/Medicine Women/Aboriginal Culture/Spirituality

Abstract: This article looks at the misappropriation of Native American Indian traditions and spirituality and its use in feminist literature.


Available Online: http://www.womenshealthclinic.org/resources/wih/wih-report.pdf

Keywords: Aboriginal Women/Poverty/Social Conditions/Women’s Health

Abstract: Includes discussions around: (1) Poor women Health and hygiene; (2) Poor women Health and hygiene Manitoba; (3) Poor women Social conditions Manitoba; (4) Poverty Health aspects; (5) Income distribution; (6) Income distribution Health aspects Manitoba;
Keywords: First Nations/Health/Manitoba/ Safety and Security/Social Justice and Equity

Abstract: Manitoba First Nations communities are assuming control over health services, and the way health information is collected is critical to shape the health and social policies and programs that First Nations peoples will create. Although identifying poor health and associated risk factors is critical for formulating health-promoting interventions, the potential still exists that this approach can stigmatize Aboriginal peoples for the state of their health. It is therefore time to move beyond a biomedical model of individual risk factors to an approach that can take into account the characteristics of, and processes occurring at, the levels of the individual and the broader environment. This study is the first ever to take a multilevel approach to understanding the health of First Nations communities. Of particular interest is the way that the social, cultural, geographic, economic, health status, risk factor, and health service environment of First Nations communities independently influences health risk, health status, and preventative health practices. The primary database used in this study is the Manitoba First Nations Regional Longitudinal Health Survey (1997). First Nations community level characteristics were derived from this survey and a number of other data sources. The data was analyzed using multilevel logistic regression modeling techniques. A major finding of this study is that community level factors, independent of individual characteristics, explain higher rates of health risk factors, poorer health status, and preventative health practices. Another important finding is that different social environments and elements of these environments, along with different individual social characteristics, account for the variation in health risk factors, health status, and preventative health practices within and between Manitoba First Nations communities. In light of these findings, this study proposes a number of multilevel social determinant pathways that First Nations policy makers, health directors, health service providers, researchers, and program developers may consider when addressing (Author Abstract).

Keywords: Aboriginal Women/Manitoba/ Identity/Social

Abstract: This thesis seeks to explore the notion and complexity of identity as it relates to Aboriginal women within the contemporary Canadian colonial context. How do Aboriginal women view and position themselves within a contemporary context? As well, how do Aboriginal women negotiate their subjectivity within conflicting historical and contemporary discourses? The overall objectives of the research are a) to provide an overview of various theoretical theories on contemporary identity; b) to record Aboriginal women’s perspectives and constructions of their identity in their own voice and; c) to provide a theoretical analysis on how Aboriginal women’s identity constructions create and open a new postcolonial space in which to (re)claim and (re)define themselves. In simple terms, the purpose of this research is simply to present the multiplicity of voice, place and identity of
Aboriginal women within the contemporary Canadian perspective. On a more personal note, the fundamental purpose in pursuing this research is for me a way to honour and acknowledge my mother’s struggle and legacy as an Aboriginal woman (Adapted from the Introduction).


Keywords: Aboriginal Women/Canada/Education/Research/women

Abstract: Existing literature in adult education pays scant attention to the experience of Aboriginal adult learners, especially those who are women. Further, while more Aboriginal teachers are needed, and the majority of Aboriginal teacher education students are women, almost no research has been conducted with this student population. The purpose of this study is to better understand the experience of Ojibwe women as adult learners in a program of teacher education. The study explored the experience of eight voluntary participants ranging in age from 29 to 51 years of age nearing completion of a two-year university program in Aboriginal teacher education. Participants’ motivations, expectations, characteristics, interaction, experiences in the program, and goals upon completion were examined. A qualitative approach was employed in gathering data. There were four parts to the study: in-depth interviews with participants; follow-up interviews after individuals had received transcripts of the first interview; a demographic questionnaire; and field notes. Interviews, which yielded more than four hundred typed pages, formed the main part of the study. The emergent research design generated findings which were sorted into four main themes: relationships with others as an Aboriginal teacher education student; survival and success as an Aboriginal learner, personal change during the teacher education program; and “I am an Ojibwe woman.” Findings were reported primarily in participants’ own words and discussed in relation to theories on adult learning, adult development and Aboriginal education. Interpersonal, community and cultural connections were important to all participants and significantly influenced their educational endeavours. Participants demonstrated cultural continuity and a sense of social responsibility in their activities and concerns as teachers-in-preparation. Program features and other factors which supported or hindered participants in completing their program were identified and discussed. The study explored aspects of personal change and raised ethical issues regarding the appropriateness of conducting research in the area of Aboriginal adult development, concluding that a far deeper and broader research effort would be necessary, and one conducted from the perspective of a cultural ‘insider’ to achieve legitimacy. Conclusions which have implications for research and program planning in Aboriginal education and questions for further investigation were identified (Author Abstract).


Keywords: Aboriginal Women/Discrimination/Socioeconomical Disparity

Abstract: This study concluded that the most disadvantaged Canadians in terms of income are female, Native, and specifically Indian rather than Métis or Inuit.


Available Online: http://www.womenshealthcouncil.on.ca/userfiles/page_attachments/chaptersPDF/Chapter26.pdf

Keywords: Aboriginal Peoples/Aboriginal Women/Canada/Cervical Cancer/Children/Culture/Diabetes/Disabilities/Family Violence/Health/Men/Suicide/women/Women’s Health

Abstract: In traditional Aboriginal cultures, women are considered to be the givers of life, and traditionally this role in the family was highly respected. However, many Aboriginal women face greater risks of complex health issues in a variety of areas than women in the general population (Statistics Canada, 1998), and this increased risk is partly attributable to their marginalized position in society and rapid change within their cultures (Indian and Northern Affairs Canada, 2000). For example, the life expectancy of Aboriginal women is significantly shorter than that of non-Aboriginal women (Statistics Canada, 1998). The suicide rate for Aboriginal adolescent girls is eight times the national average. The diabetes rate among Aboriginal peoples is ten times the Canadian rate, and is generally higher for women than men (Young, Reading, Elias, & O’Neil, 2000). Rates of cardiovascular (Anand & Tookenay, 2001) and respiratory diseases (Young, 1998), disability, infections, and mental health problems are all higher among Aboriginal women than in women in general. Aboriginal women suffer higher rates of cervical cancer (Marrett, 1998), sexually transmitted disease (Health Canada, 1999c), and cirrhosis of the liver than do their non-Aboriginal counterparts. A number of Aboriginal women and children are driven to relocate owing to domestic violence and lack of support,
particularly in remote and isolated communities across the country (National Clearinghouse on Family Violence, 1997). The marginalized socioeconomic status of many Aboriginal women results in detrimental lifestyles, unsafe environments, and overcrowded housing. These conditions have an impact on the life chances and health status of many Aboriginal girls and women (Indian and Northern Affairs Canada, 2000) (From Overview).


Keywords: Education/Research/Work

Abstract: Research relationships are the key issue addressed. How should ethnographic methods be used, if at all, to remedy imbalances of power in educational situations? Haig-Brown lays out what she did and how she did it in her “border” work as an ethnographer. Holistic principles are centred and applied to her position as a non-Aboriginal researcher.


Keywords: Aboriginal Women/Canada/Children/Culture/Education/First Nations/History/women/Work

Abstract: Educational institutions should inspire “warrior mothers” to work together against androcentric agendas of homogenization and acculturation. The history of Aboriginal women in Canada, whose children were abducted and raised in religious schools, is one of cultural denigration. These students’ daughters and granddaughters are the warrior mothers who demand respectful education while persisting in maintaining, rebuilding, and developing vibrant contemporary First Nations lives and cultures.


Keywords: Aboriginal Women/Culture/Education/First Nations/Manitoba/Welfare

Abstract: This practicum experience is a study of an English language program developed at Urban Circle Training Centre, a program designed to employ Aboriginal women in banking, business and retail sectors. A problem arose when the materials to teach a 12-week English language program to this group of women was inappropriate and ineffective. The 14 women studied were between the ages of 18-55 years and were all on social assistance living in Winnipeg. The students were attending Urban Circle Training Centre to improve their skills and find employment. The major objective of the English language program was to develop both written and oral language skills in a program which integrated Aboriginal perspectives so that the students were better prepared for employment in the retail, business, and banking sectors of our community. Needs assessment questionnaires, evaluations and a review of literature were the primary sources of data collection. The results indicated (a) the topics were relevant, (b) students’ oral and written communication skills improved, (c) workplace employers found the students were prepared to meet the demands of the workplace, and (d) students found the format was interesting. From this practicum, I learned (a) the importance of relevancy in program planning, (b) the importance of critical reflection in learning, (c) the need for effective oral and written communication skills in the workplace, (d) that a meaningful experience can be created by developing an interesting program, (e) students move towards a greater degree of self-direction in learning, (f) the artistry of education, (g) how to design, implement, and evaluate an English language program, (h) more about Aboriginal culture, and (i) to be prepared to change the direction of the course to meet the changing needs of the learners (Author Abstract).


Keywords: Critical Learning Opportunities/Work


Keywords: Aboriginal Mothers/Single Mothers

Abstract: This study focusing on Aboriginal single mothers and their families was commissioned by the Department of Indian Affairs and Northern Development based on custom tabulations from the 1996 Census. It is based on the population who identified themselves as Aboriginal and/or as being registered under the Indian Act. The study takes a descriptive approach, providing tables and figures which are based on two- or three-way cross-tabulations. The first part of the study describes the prevalence of single mothers and single mother families in Canada and some of their characteristics. Prevalence rates are provided for families, women in general, mothers and mothers with children under the age of 16. The second part of the study focuses on the characteristics of single mothers and single mother families, looking at such variables as educational attainment, age, employment, and income. The final section summarizes the findings and provides some conclusions and brief discussion of some of the issues raised.

Annotated Overview of Research on Aboriginal Women, Health and Healing
Available Online: http://policyresearch.gc.ca/doclib/AboriginalBook_e.pdf

Keywords: Aboriginal Peoples/Aboriginal Women/Diabetes/First Nations/Health/Montreal

Abstract: This article is based on a case study of ten Aboriginal women living in Montreal (eight were First Nations and two were Inuit) under conditions that fall within a theoretical framework of exclusion and marginalization. The primary purpose of the article is on the process of exclusion and marginalization experienced by these women who had temporarily or permanently migrated to Montreal using a life narratives methodology. The living conditions of the women at the time of the study revealed that they had children placed in care, were receiving income security payments, were dependent on drugs and alcohol at some point in their lives and three indicated that they had health problems such as diabetes, anemia and HIV. The article discusses the migration patterns and the lure of Montreal on the lives of these women and the resulting processes of marginalization faced by each one.


Keywords: Poverty/Canada/Government/Aboriginal Peoples/Health

Abstract: Again last year, the United Nations rated Canada the best country in the world to live in. This assessment is based upon a country’s Human Development Index. Even so, not everyone in Canada enjoys the advantages of living in a highly developed country. In November 1996 the Canadian government published the 4,000-page, $58 million Report of the Royal Commission on Aboriginal Peoples (RCAP 1996), a report that reviewed and made recommendations about a wide range of social and economic issues related to Canada’s Aboriginal peoples. The Globe and Mail’s John Gray, summarizing some of the highlights of the report relating to the condition of Natives in Canada, referred to what the report calls “an endless circle of disadvantage — family violence, educational failure, poverty, ill health, violence” (Gray 1997). This paper will briefly describe some of the social and economic conditions of Canada’s Aboriginal peoples, review the major factors contributing to such conditions, and explore some initiatives being undertaken to interrupt this endless “circle of disadvantage,” one experienced by so many Aboriginal people in Canada.


Keywords: Aboriginal Women/Employment/Skills/Work

Abstract: Unavailable


Keywords: Adequate Power/First Nations/Strong Families and Healthy Child Development

Abstract: This article explores the origins and operation of the “best interest” doctrine and illustrates how this doctrine structures and constrains judicial decisions in the context of First Nations child welfare. The author questions how the law operates in the area of child welfare and its application to First Nations women, peoples and communities. Not only does Kline point to child welfare as a continuing process of colonization but she points to the ideological dimensions and forms of child welfare laws from its origins to its impact on recent legislative reform effects in the area of First Nations child welfare.
Annotated Overview of Research on Aboriginal Women, Health and Healing

30. The second sample focuses on women from three Aboriginal areas as central to Canada's

31. The study's first sample focuses on Aboriginal women living in Montreal; the second sample focuses on women from three Aboriginal areas as central to Canada's

32. The study's first sample focuses on Aboriginal women living in Montreal; the second sample focuses on women from three Aboriginal areas as central to Canada's

33. The study's first sample focuses on Aboriginal women living in Montreal; the second sample focuses on women from three Aboriginal areas as central to Canada's

34. The study's first sample focuses on Aboriginal women living in Montreal; the second sample focuses on women from three Aboriginal areas as central to Canada's

Abstract: This article provides insight into the origins and operation of the "best interest of the child" doctrine and to illustrate how it structures and constrains judicial decision making in the context of First Nations child welfare proceedings. After illustrating the difficulty involved in transforming ideology through law reform, the article suggests that First Nations women in particular must be empowered to develop their own child welfare services outside the framework of existing jurisdictional arrangements and should be in line with the self-government aspirations of Aboriginal peoples.


Keywords: Safety and Security/Social Justice and Equity/Manitoba

Abstract: The author reflects on "traditional knowledge" and its impact on Native Studies and scholarship at the University of Manitoba's Department of Native Studies.


Keywords: First Nations Women/Colonization/Education/Power/Wisdom


Keywords: Aboriginal Peoples/Adequate Power/First Nations/Strong Families and Healthy Child Development

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Available Online: http://www.swc-cfc.gc.ca/pubs/0662654889/200105_0662654889_e.pdf

Keywords: Aboriginal Women/Canada/Montreal/Status of Women/women/Work

Abstract: This report presents the findings of a study conducted by Le Partenariat Mikimon for Status of Women Canada between October 1997 and March 1999. It is an initial assessment of the utilization and effectiveness of employment, job access and training programs among Aboriginal women in the Province of Quebec. The study's first sample focuses on Aboriginal women living in Montreal; the second sample focuses on women from three Aboriginal areas as central to Canada's


Keywords: Aboriginal Women/Immigrant Women/Racism/Women of Colour

Abstract: This book, the proceedings of a symposium, focuses on the experiences of women of colour and Aboriginal women scholars with issues of equity in the academy. It provided the opportunity for the participants to share their lived experiences, ideas and hopes for change. The discussion begins with a summary of the editors' research on the experiences of faculty of colour and Aboriginal faculty in Canadian universities. The presentations of four invited speakers follow. Patricia Monture-Angus describes her struggles with the process of securing tenure, as an Aboriginal woman. It was the omissions -- what she was not told -- as much as what was done to her that made the university a chilly, inequitable institution to her. Razack analyzes the role of the "Native informant" and the spaces that racialized immigrant women are allocated in the university. While "a little bit" of discussion of racism, hegemony and social change is allowed, there is no space for serious challenge to white supremacy. Wanda Thomas Bernard shares her personal struggle with the daily obstacles, the visible and invisible demands on her time and her reclaiming of hope as a form of resistance in the university. Finally, Joanne St. Lewis shows us how systemic racism in the university is demonstrated in the way we do our scholarship, our teaching, our interaction and in every area of our historical and present existence "in the belly of the beast." This book calls for a "new beginning" guided by the analysis and strategies presented.


Keywords: Children/Aboriginal Mothers/Child Welfare Systems/Missing Voices
Annotated Overview of Research on Aboriginal Women, Health and Healing

objectives becomes even more obvious. An
women, the importance of maintaining these
on the health care situation of Aboriginal
in addition to campaigning for more equilibrium
-- economically, socially, legally and politically --
theme has been equality between the sexes
Abstract: From the very start, the QNW's main
Determinants/Well-being/Women's Health/3
Physical Needs/Canada/Health/Health
Human Services and Social Safety Net/ Basic
Keywords: Aboriginal Peoples/Aboriginal
Women/Basic Physical Needs/British Columbia/
First Nations/Health/Manitoba/ women/
Women's Health/Youth
and Inuit Regional Health Survey (FNIRHS) was
developed from National Core Data derived
from the 1997 National Health Survey of First
Nations and Labrador Inuit communities. The
data presented in this document represents
the most current, validated health information
on the First Nations in British Columbia, Alberta,
Saskatchewan, Manitoba, Ontario, Quebec,
New Brunswick, Nova Scotia, and the Inuit
peoples of Labrador. The FNIRHS Report
consists of seven thematic volumes and
appendices consisting of a technical report
and a description of the development process.
The thematic volumes are presented in seven
chapters which deal with the following topics:
Children’s Health; Examination of Residential
Schools and Elder Health; Chronic Diseases; The
Tobacco Report; Activity Limitation and the
Need for Continuing Care; Search for Wellness;
and Health and Dental Services for Aboriginal
People. Each thematic volume includes a
literature review, as well as an analysis of core
data results. Comparison of core data results
with other national databases such as the
National Population Health Survey (NPHS);
National Longitudinal Survey of Children and
Youth (NLSCY); and the Aboriginal Peoples
Survey (APS) are also included wherever
possible. While this report does not focus entirely
on Aboriginal women, it does provide health
statistics in various areas that have relevance to
Aboriginal women’s health issues, concerns and
needs.

Abstract: This paper explores aspects of
Indigenous knowledge on several levels and
examines the role of Indigenous knowledge
in Indigenous empowerment as the number
and influence of Native people in academia
increases. Indigenous peoples worldwide
have a common set of assumptions that forms
a context or paradigm -- a collective core
of interrelated assertions about Indigenous
reality. Indigenous knowledge is spiritually
based and spiritually derived. To remove the
spiritual foundation of Indigenous knowledge
is to destroy its very soul -- a fact not lost on
colonialist regimes. Colonial governments and
institutions deprecated Indigenous knowledge
and cultures and thereby justified denying
Indigenous peoples a meaningful political role.
The first order of Indigenous self-determination is
the task of revealing the Indigenous experience,
long written out of official histories. Historically,
Indigenous peoples have been dependent
on non-Natives to assist in developing the
necessary dialogue to resist domination
and exploitation. The outcome has been a

extensive examination of the documentation
on the health of Aboriginal women, a project
carried out with the support of the Centre of
Excellence for Women's Health -- Consortium
Université de Montréal (CESAF), produced
a number of findings attesting to the many
problems that Aboriginal women in Quebec
come to varying degrees. The document,
titled Femmes autochtones et santé: un état
da la situation (Aboriginal Women and Health:
An Assessment), has two specific objectives: to
be a basic reference on the different aspects
of Aboriginal women’s health and to pique
the interest of decision makers regarding issues
affecting Aboriginal women. This document
was based on the Health Determinants
approach, as developed by Health Canada.
This approach is especially interesting in that it
allows us to consider the many factors that may
contribute to or adversely affect the well-being
of women and the maintenance of their health.
From this perspective, this exercise in awareness
falls within, by definition, a greater context and
exceeds the very field of health care, extending
to more general social issues, social inequalities,
socioeconomic conditions and, in particular,
the quality of life of Aboriginal women.

Knowledge as a Tool for Self-Determination and
Liberation. Paper presented at the National
Association of Native American Studies Section
(Houston, TX, February 21-26, 2000). Houston, TX,
National Association of Native American Studies
Section.

Available Online: http://tinyurl.com/5lgaj

Keywords: Cultural Integrity and Identity/
Culture/Power/Empowerment/Healthy Ecosystem and
Sustainable Relations Between Human Beings
and the Natural World/Native Americans/
Spirituality and A Sense of Purpose

Abstract: This paper explores aspects of
Indigenous knowledge on several levels and
examines the role of Indigenous knowledge
in Indigenous empowerment as the number
and influence of Native people in academia
increases. Indigenous peoples worldwide
have a common set of assumptions that forms
a context or paradigm -- a collective core
of interrelated assertions about Indigenous
reality. Indigenous knowledge is spiritually
based and spiritually derived. To remove the
spiritual foundation of Indigenous knowledge
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49. MacMillan, H., Walsh, C., Jamieson, E.,
and Inuit Regional Health Survey. First Nations
and Inuit Regional Health Survey National
Steering Committee.

Available Online: http://www.hc-sc.gc.ca/
fnihb-dgsprl/fnihb/aboriginalhealth/reports_summaries/regional_survey.pdf

Keywords: Aboriginal Peoples/Aboriginal
Women/Basic Physical Needs/British Columbia/
First Nations/Health/ Manitoba/ women/
Women’s Health/Youth

and Inuit Regional Health Survey (FNIRHS) was
developed from National Core Data derived
from the 1997 National Health Survey of First
Nations and Labrador Inuit communities. The
data presented in this document represents
the most current, validated health information
on the First Nations in British Columbia, Alberta,
Saskatchewan, Manitoba, Ontario, Quebec,
New Brunswick, Nova Scotia, and the Inuit
peoples of Labrador. The FNIRHS Report
consists of seven thematic volumes and
appendices consisting of a technical report
and a description of the development process.
The thematic volumes are presented in seven
chapters which deal with the following topics:
Children’s Health; Examination of Residential
Schools and Elder Health; Chronic Diseases; The
Tobacco Report; Activity Limitation and the
Need for Continuing Care; Search for Wellness;
and Health and Dental Services for Aboriginal
People. Each thematic volume includes a
literature review, as well as an analysis of core
data results. Comparison of core data results
with other national databases such as the
National Population Health Survey (NPHS);
National Longitudinal Survey of Children and
Youth (NLSCY); and the Aboriginal Peoples
Survey (APS) are also included wherever
possible. While this report does not focus entirely
on Aboriginal women, it does provide health
statistics in various areas that have relevance to
Aboriginal women’s health issues, concerns and
needs.

Women in Quebec. Canadian Women’s Health
Network, 4/5, 13.

Keywords: Aboriginal Women/Adequate
Human Services and Social Safety Net/ Basic
Physical Needs/Canada/Health/Health
Determinants/Well-being/Women’s Health/3

Abstract: From the very start, the QNW’s main
theme has been equality between the sexes
-- economically, socially, legally and politically --
in addition to campaigning for more equilibrium
between the living conditions of Aboriginal and
non-Aboriginal peoples. According to reports
on the health care situation of Aboriginal
women, the importance of maintaining these
objectives becomes even more obvious. An
history of research by the dominant culture, within the dominant discourse. This discourse devalues indigenous knowledge and is one strategy by which the West legitimizes its own knowledge. Indigenous peoples must have an intellectual space in which to develop their own frameworks and methodologies regarding intellectual self-determination. These frameworks would then require the institutional support of the Academy and would engage “others” discourse in a constructive manner. Instances of discourse between Indigenous Africans and Native Americans are described (Abstract take from www.indiandraerresearch.net/ed454012.htm).


Keywords: Aboriginal Women/Basic Physical Needs/Canada/Health/Housing


Available Online: http://www.cmaj.ca/cgi/content/abstract/163/8/961

Keywords: Basic Physical Needs/Canada/Health/Youth

Abstract: Background: In Canada, hunger is believed to be rare. This study examined the prevalence of hunger among Canadian children and the characteristics of, and coping strategies used by, families with children experiencing hunger. Methods: The data originated from the first wave of data collection for the National Longitudinal Survey of Children and Youth, conducted in 1994, which included 13,439 randomly selected Canadian families with children aged 11 years or less. The respondents were asked about the child’s experience of hunger and consequent use of coping strategies. Sociodemographic and other risk factors for families experiencing hunger, use of food assistance programs and other coping strategies were analyzed by means of multiple logistic regression analysis. Results: Hunger was experienced by 1.2% (206) of the families in the survey, representing 57,000 Canadian families. Single-parent families, families relying on social assistance and off-reserve Aboriginal families were overrepresented among those experiencing hunger. Hunger coexisted with the mother’s poor health and activity limitation and poor child health. Parents offset the needs of their children by depriving themselves of food. Interpretation: Physicians may wish to use these demographic characteristics to identify and assist families with children potentially at risk for hunger


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/ Canada/Community Solidarity and Social Support/ Housing/Manitoba/Poverty

Abstract: If you had to choose between paying the rent and feeding the kids, what would you choose? For Louise and Charmaine, two Aboriginal women living in poverty and poor housing in Winnipeg, Manitoba, these are their daily life choices (names, locations, and personal identifying information have been removed to protect the identities of the women.). Both women ranked affordable housing as their main priority, closely followed by food for their children. For these women, everything, including access to services such as affordable food and transportation, community, and maintaining some control over their lives revolves around affordable housing. Their stories are those of many Aboriginal women throughout Canada and especially in Manitoba.


Keywords: Aboriginal Women/Adequate Power/Critical Learning Opportunities/Gender/Health/Health Services Research/Women with Disabilities/Women’s Health

Abstract: Reviews important issues pertaining to women’s health research questions, design, ethical reviews, analysis, presentation and dissemination of results, and the possibilities for resulting action and policy changes. Examines power and perspective in feminist participatory action research, and presents best cases and gender analysis tools for women’s health research. Briefly looks at the current women’s health research environment, the emerging Canadian Institutes of Health Research (CIHR), and the ongoing problem of the dearth of meaningful research for lesbians, Aboriginal women, women of racial, ethnic and linguistic minority backgrounds, women with disabilities, young women, and women over 65. Makes recommendations on each of these issues (CWHN Abstract).


Keywords: Aboriginal Peoples/Critical Learning Opportunities/Empowerment/Health

Abstract: NAHO believes that the advancement and sharing of knowledge in the field of Aboriginal health are key to the empowerment of Aboriginal peoples. And since research is one
Annotated Overview of Research on Aboriginal Women, Health and Healing

The respective regions. The author examines associated with industrial developments in
the second domain describes perceptions of risk associated with traditional land use activities and the
describes cultural perceptions of risk associated with industrial developments in the respective regions. The author examines

environmental health risks in three Aboriginal communities in northern Canada. Research was conducted in Wollaston Lake, Saskatchewan, Kuujjuaq, Quebec and Sagkeeng First Nation, Manitoba. Each of these communities is attempting to determine the potential health impacts of industrial activities such as uranium mining, hydroelectric development and pulp and paper manufacturing/nuclear waste disposal respectively. Approximately half of the participants in this study were women.

Abstract: Communities, scientists, governments, industry, and environmental groups have all been involved, in one way or another, in the debate over what is a health risk. This study examines the cultural basis of risk perception and the importance of local knowledge in changing the assessment and management of health risk. The authors looked at risk perceptions across two domains of environmental threats. The first domain describes cultural perceptions of risk associated with traditional land use activities and the second domain describes perceptions of risk associated with industrial developments in the respective regions. The author examines


Available Online: http://www.ofifc.org/ofifchome/page/aborChilPov.htm

Keywords: Aboriginal Children/Aboriginal Families/Poverty/Research/Urban Poverty

Abstract: This is a study on the extent and impact of poverty on Aboriginal children and their families in urban centres in Ontario. The study is based primarily on qualitative research methods, drawing on four sources of information: literature about child poverty as it relates to Aboriginal children; key informant interviews with front-line workers and parents, staff and parent focus groups; and focus groups with senior staff of the OFIFC. Includes recommendations for “immediate program enhancements”, “First Nations and other Aboriginal organizations”, and “co-operative policy responses.”


Keywords: Aboriginal Children/Aboriginal Families/Child Hunger/Poverty

Abstract: The objectives of this study were: to determine the prevalence of food insecurity among urban Aboriginal families; to look at the physical and psychological impact of food insecurity on Aboriginal children and their parents; to examine the relationship between food security and school performance of Aboriginal children and youth; and to examine the relationship between food insecurity and child welfare intervention among Aboriginal peoples. The study employed literature, questionnaires, and key informant interviews, drawing on a total of 508 participants from 23 cities in Ontario. Includes recommendations for “Federal and provincial government; immediate program enhancements; “Aboriginal organizations and First Nations”; and “Co-operative Policy Responses.”

62. Ontario Native Women's Association

Abstract: Reports on the housing crisis in Inuit communities in the Northwest Territories, Nunavik, and Labrador. Analysis of the link between the housing shortage and social problems in the communities is provided. Women’s shelters in Happy Valley and Goose Bay, Labrador, Yellowknife, NWT and Iqaluit, in the Baffin Region are profiled.

Abstract: Studies of the Social and Cultural Construction of Environmental Health Risks in Aboriginal Communities – Final Report. Ottawa, ON: Northern Health Research Unit, Dept. of Community Health Services, University of Manitoba.

Abstract: This is a study on the extent and impact of poverty on Aboriginal children and their families in urban centres in Ontario. The study is based primarily on qualitative research methods, drawing on four sources of information: literature about child poverty as it relates to Aboriginal children; key informant interviews with front-line workers and parents, staff and parent focus groups; and focus groups with senior staff of the OFIFC. Includes recommendations for “immediate program enhancements”, “First Nations and other Aboriginal organizations”, and “co-operative policy responses.”

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Keywords: Aboriginal women/Aboriginal Families/Family Trends/Ontario


Keywords: Inuit Women/Women’s Health


Keywords: Canadian Women/Health/Health Care/Inuit Women/Women’s Health

Abstract: Discusses the health care needs of Inuit women in Canada.


Keywords: British Columbia/Canada/First Nations/Gender/Government/Housing

Abstract: This article analyzes the relationship between First Nations housing and reform in British Columbia between 1849 and 1886. Utilizing published and archival evidence drawn from church and government sources, the essay examines reformers’ conceptions of First Nations housing and their concrete efforts to improve it. The essay thereby suggests that housing was an important site in the colonial encounter and that the colonial encounter itself was key to honing and disseminating new ideals related to housing, gender, and the family (Journal Abstract).


Keywords: Culture/Healing/Racism/Work

Abstract: This thesis is a study of the Life Learning Experiences and Personal Transformations of Mi’kmaq Women. The central purpose of this study is to provide a rich and detailed account of what our learning means to us. The thesis undertakes a critical interpretive approach from an Aboriginal/feminist perspective, to explore Mi’kmaq women’s learning processes evolving out of their life experiences that are shaped by various contexts. Through Mi’kmaq women’s own personal accounts and a historical analysis, I used an Aboriginal framework of Seven Directions as a guide to understand the interrelationship of our life learning experiences rooted in the past and present, which are indicative of the future. In taking our life experiences for granted, Mi’kmaq women’s learning becomes a struggle against racism and sexism founded in historical processes of colonization and oppression, and affect all aspects of our lives. When given the opportunity to critically reflect and speak from an Aboriginal/feminist perspective, alternative forms of knowing emerge that become central to our learning and effects the personal transformation of our lives. These alternative forms of knowing are nurtured by Mi’kmaq culture and language and illuminate a potential relationship to a broader social transformative learning process for healing, and offer hope for a vision for overcoming oppression. These insights are offered for reflective consideration by all educators who work with First Nations adults and children (Author’s Abstract).


Keywords: Canada/Gender/Work

Abstract: This practicum describes a 16- session psychoeducational group for women who had been identified by Child Welfare Authorities as at risk of losing their children due to substance misuse. Systems and addictions theories were combined with a feminist lens to inform and guide the work. A literature review identifies the barriers to treatment for women, and the dearth of treatment options available. It was hypothesized that the child welfare investigation and the attendant threat to the system would create the crisis that would unbalance the family system sufficiently to allow a supportive intervention to have an impact. Concrete supports such as child care and transportation were provided. The goal of the group was to empower the women to become active participants in self-identifying their struggles with substances, and in the planning and management of their treatment needs. The outcome and the evaluations indicate that this was accomplished, but much work needs to be done to ensure gender-specific treatment options are available (Author Abstract).


Keywords: Métis Women/Employment/Economic Environment

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Abstract: This article describes the findings of a modest qualitative study that deals with the concept of health and involves the women-centered interviewing of six women who live in poverty, of which three participants were of Aboriginal background. The themes uncovered in this study identify the struggle for wholeness in the midst of poverty. The findings validate many of the nursing theorists’ definitions of health as wholeness, and challenge care providers to bring an appreciation of this view to their understanding of women’s health.


Keywords: First Nations Women/Child Welfare/Mental Health

Abstract: The author writes about the impacts experienced by First Nations social workers working in the child welfare system. Individual and collective stories about their CFS experiences resulted in the development of five themes that emerged from their sharing. The five themes centred around the stress of dual accountability, the stresses of unrealistic expectations and multiple roles, the emotional costs and benefits of the intensity of the relationships, the fact that meaningful work gives strength and how the women coped and maintained their holistic health.


Keywords: Canadian Women/First Nations Women/Health/Poverty/ Women’s Health

Abstract: Reducing health inequities associated with poverty is an important public health nursing role. This article describes the scope of research on the health of low-income Canadian women. The research included was published in English-language peer-reviewed journals between 1990 and 1997. The 26 articles retrieved are summarized according to the focus of the study and the composition of the sample. Most addressed personal health practices and health status. Only one intervention study was identified. The studies and the findings of this analysis are discussed in relation to three recommendations for research on women’s health; an emphasis on social context, including the structural conditions affecting women’s health; active participation of women in the research process; and recognition of diversity among low-income women. Suggested priority areas for future research are: intervention studies; studies addressing the structural context of the lives of low-income women; research strategies that enhance the participation of women in the research process; and increased involvement of diverse groups of women such as homeless women and women of varied ethnic backgrounds, including First Nations women (Journal Abstract).


Keywords: Adequate Income and Sustainable Economies/First Nations/ Health/Health Care/ Poverty/Racism/Social Justice and Equity/Well-being/Pregnancy

Abstract: The health of pregnant women is a major concern to health care providers. This grounded theory study of 40 women examined the health of pregnant women and the special threat that poverty and violence posed to their capacity for health. Pregnant women experienced their health as an integrated part of their daily lives; that is, they reported that their health was affected by “everybody and everything.” Women’s main concern during pregnancy was to have a healthy newborn and, to this end, they engaged in the process of creating a healthy pregnancy by engaging in health-enhancing behaviours. In this process, the woman focused primarily on ensuring the birth of a healthy baby. Three conditions were essential to a woman’s capacity to create a healthy pregnancy: (1) the acceptance of the pregnancy, (2) adequate financial resources, and (3) supportive relationships (especially having a supportive partner). Pregnancies invariably carried with them some uncertainty, and this caused the 40 women in this study to experience a state of vulnerability which, in turn, triggered attempts to create healthy pregnancies. This led to a cycle of improving health: the more energy women had to carry out health-enhancing behaviours, the better they felt physically and mentally, the more able they were to conduct their daily activities; and, consequently, the better their health. However, living within a context of poverty and/or violence increased pregnant women’s vulnerability and decreased their capacity for creating a healthy pregnancy, leading to extreme stress and the experience of threat. Male violence threatened the women’s ability to be connected to those who were important sources of emotional, financial, task-
oriemt, and knowledge-oriented support, and thus, jeopardized their ability to meet their fundamental needs. Furthermore, the lack of sufficient financial resources limited women’s abilities to leave their abusive partners. In order to survive, women in these circumstances sometimes reverted to previous, often harmful, ways of coping in an attempt to reduce their high levels of stress. These coping strategies usually took the form of behaviours that required little energy, such as smoking, not eating properly, and consuming alcohol. Having financial support and a safe place to go were crucial with regard to enabling women to decide to leave abusive partners. Regaining control of their lives in this way allowed women to refocus their energy on health-enhancing behaviours. The women in this study showed incredible strength as they met the challenges imposed by poverty and abuse. They did not remain victims but took hold of their lives with courage and conviction. In order to promote the adoption of health-enhancing behaviours by childbearing women, health care providers must recognize poverty and violence as factors that significantly threaten women’s capacity for health. Further to this, special efforts must be made to render culturally sensitive care to First Nations women (i.e., recognizing their cultural identity and heritage, their connection to nature, and the importance of the Elders of their community). To this end, we must recognize the connections between racism, colonization, poverty, and violence. For until we have eradicated poverty, and the cycle of violence and degradation that is its legacy, we will not have succeeded in doing all we can to ensure the health and well-being of our citizens. (PsycINFO Database Record (c) 2003 APA).


Keywords: Canada/Culture/Native women/Work

Abstract: Native Peoples comprise living, dynamic, contemporary Nations, with life ways that have survived in the midst of (indeed, in spite of) the genocide perpetrated against them by dominating non-Native cultures. Native traditions have neither vanished, as the colonizers of North America predicted, nor have they remained frozen in “pre-contact” or early contact time. Such nations are reflections of extremely powerful stereotypes that reinforce the notions of some non-Natives who feel that they can take for their own certain aspects of Native tradition that appeal to them because the traditions are supposed to belong to people unknown and long dead. This dissertation is an examination of some of the images and stereotypes of the life ways of Native peoples, in particular, the life ways of Native women, and how these have historically been related to “nature” in dominating cultures in North America (with a focus on Canada). It seeks to disrupt and subvert a number of these stereotypes, appropriations, and misinformation about Native peoples that are present in environmental philosophy, ecofeminist and related feminist spirituality materials by identifying them, outlining how they are represented and perpetuated in these materials, and suggesting that all endeavours to discuss and/or research Native peoples adopt methods that are grounded in—and begin with—the voices, the images, information, and theories generated by Native peoples. I strive to honour the work of Native people who have already shared their wisdom with non-Native communities by concentrating on their words as primary sites of theory and knowledges—theories which offer profound critiques of some of the materials that are part of environmental philosophy and feminist/ecofeminist movement. In so doing, the methods that I have developed for the presentation of this dissertation are “at least” as important as my contributions to the literature and to “original facts” (typical expectations of Ph.D. dissertations). Hence, in an effort to push beyond disciplined boundaries of the academy and present this research in a manner that mirrors the issues and concerns in which I have grounded my research, this work is written with three interwoven typefaces—each to mark clearly the “voice” or process it reveals: Native “voice,” a narrative of my process, and my analysis (Author Abstract).


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/Adequate Power/British Columbia/Canada/Diabetes/First Nations/Free Trade/Gender/Health/Healthy Ecosystem and Sustainable Relations Between Human Beings and the Natural World/Status of Women

Abstract: The gender implications of free trade on Aboriginal women, particularly as it relates to forestry, was examined by the authors in this study commissioned by Status of Women Canada. The report focused on the experiences of First Nations women in western Canada who were taking a lead in advocating for Aboriginal title and rights, to protect the environment and preserve traditional lifestyles. Thirty-four First Nations women living on or near three reserves in British Columbia and Saskatchewan were interviewed. Sharing circles were held to gather their stories and perspectives on the effects of forestry and free trade. The women were deeply concerned about the pace and manner in which trade in timber has been undertaken in Canada. Their study indicates that forestry initiatives
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developed these guidelines for their own work. The Saskatoon Aboriginal Women’s Health Research Committee. The guidelines were developed for use in two projects, Naspici Miyomahchown: Continuous Good Health by the Saskatoon Aboriginal Women’s Health Research Committee and Living Well: Aboriginal Women, Cultural Identity and Wellness by Alex Wilson.


Available Online: http://www.cecw-cepb.ca/DocsEng/HomelessnessAndCW.pdf

Keywords: Canada/Child Welfare/Education/Homelessness/Housing/Welfare/Youth

Abstract: This Canadian pilot study was designed to contribute to a more thorough understanding of the relationship between youth who have been in the care of child welfare and youth homelessness in Canada.


Keywords: Aboriginal Peoples/Canada/Chronic Moving/Housing/Manitoba/Marginalized Populations/Residential Mobility

Abstract: The paper reviews literature on residential mobility giving particular attention to the choice-constraint framework predominantly utilized, and arguing for a more inclusive approach in the study of marginalized populations. Then it reports on mobility patterns in inner-city Winnipeg, Canada in order to illustrate the discussion, beginning with a description of archival mobility data from the national Census and from the local school board. Next, semi-structured and in-depth interviews with highly mobile single mothers of Aboriginal origin are presented to describe and analyze mobility experiences of this group. The interview material is interpreted to suggest that moving behaviour is underlain by rationalities related to Aboriginal identity in the city, and to a willingness and capacity for action in face of dire social circumstances, observations that might not emerge from choice-constraint analysis. Finally, some consequences for further studies and for policy are identified (Journal Abstract).

Keywords: Aboriginal Peoples/Aboriginal Women/Critical Learning Opportunities/Cross-Cultural Care/Cultural Integrity and Identity/Health/Health Care/Medicine/Work

Abstract: Presents a series of recommendations on cross-cultural understanding and health care for health professionals. These recommendations deal with culturally appropriate health care, treatment in Aboriginal languages, providing cultural interpreters and Aboriginal health advocates on staff, access to informed consent regarding medical treatments, the importance of family and community roles and responsibilities, respect of traditional medicines and work with Aboriginal healers, as well as attaining knowledge and involvement in Aboriginal communities and the people in them (CWKN Abstract).


Keywords: Government/Health/Research

Abstract: Across Indian communities, the spirit of self-determination is in the air. Tribes are contracting with the federal government in order to take responsibility for health and governance as sovereign nations. For too long others have denied tribal needs, conceptualized tribal problems, and used their theoretical models in implementing interventions. In this age of self-determination, more tribal communities want to partner with others in studies affecting their communities. Qualitative research offers an approach that can be responsive to community needs. The strength of one qualitative method, Grounded Theory, for example, is presented here as one such tool. Using Grounded Theory in two Pacific Northwest tribal communities, the first study looked at attitudes about Papanicolaou (Pap) test screening and the second looked at conceptualization of pain. It is suggested that qualitative research is of particular value to the design of culturally relevant interventions (Journal Abstract).


Keywords: Aboriginal Women/Gender/Welfare/Well-being/women

Abstract: This thesis is an investigation of neo-conservative policies and their impact on the daily lives of Aboriginal single mothers in Ontario. Open-ended interviews were conducted in London and Windsor with twenty single mothers to examine their personal experiences in an effort to qualitatively analyze the effects of neo-conservatism on their standards of living. The argument of this thesis is that, for such women at least, the effects of neo-conservative policies are negative for the well-being of Aboriginal women. This thesis further argues that neo-conservative policies are not gender neutral and do have a racist undertone, as the conjunction of gender and race makes the impact of neo-conservatism particularly negative for this group (Author Abstract).


Keywords: Aboriginal Women/Statistics/Gender/Demographics


Keywords: Aboriginal Women/Literary Writers

Abstract: Author Barbara Thompson Godard, Series CRIAW Papers no. 11 Description: These essays... are the best of 600 essays about body image by young women aged 13-19 from across Canada. You name it, these young women have a personal experience with it, ranging from: eating disorders, depression and anxiety attacks, developing breasts, shopping for a first bra, body hair, body piercing, tattoos, hair dyes, driving Mom insane, dancing, self-torture, dealing with unwanted touching, discovery of the body’s secret places, living with disabilities, the body in relation to cultural traditions, feeling ugly, feeling beautiful, feeling whole, gaining confidence and self-awareness, the ecstasy of sport, being strong. Along with the artwork and substantial resource section on young women and body image, this is a book of great interest to young women, parents, teachers and all those who care about women.


Keywords: Aboriginal Peoples/Canada/Empowerment/Inuit Women/Northern Communities/Research

Abstract: The goal of this thesis is to describe and analyze a community-based economic development project involving Inuit craftswomen participating in a craft product development workshop in order to determine whether the participants became empowered and, if so, to verify and analyze the empowerment process. An operational definition of and assumptions about empowerment are developed. Participatory action research methods are used to guide the data collection. The method is shown...
to be the most appropriate for conducting collaborative research with northern Aboriginal peoples. The data collected is shown to support the operational definition and assumptions, indicating the existence of an empowerment process during this research. Suggestions for further research emphasizing the necessity of long-term study of empowerment are made. This research is of interest to Aboriginal and non-Aboriginal scholars, professionals and residents of small northern communities endeavoring to improve the community-based economic development process and involve local people in it.


Abstract: The article highlights the differences of perception about feminism between Native and non-Native activists in the U.S. and Canada. Many Native women academics and grassroots activists alike invoke models of preconquest, egalitarian societies to theorize contemporary social and political praxes, regardless of the differences in tribal affiliation, regional location, urban or reservation background, academic or community setting, and pro- or anti-feminist ideology. Feminist Calara Sue Kidwell argues, “Although feminists might deny the equation of anatomy and destiny, the fact is that the female reproductive function is a crucial factor in determining a woman’s social role in tribal societies. Women bear children who carry on the culture of the group. Blue, like many Native women activists, links women’s authority as procreators with their larger responsibilities to a personified, feminized Earth. Several Native women condemn Western feminism for what they perceive as a devaluation of motherhood and refutation of women’s traditional responsibilities. Native women argue that in their marital contracts with Euro-American men they lost power, autonomy, sexual freedom, and maternity and inheritance rights, which precluded their ability to accomplish motherwork (Journal Abstract).


Abstract: Includes a discussion on: (1) Awa, Apphia Agalakti, 1931-1996; (2) Katsak, Rhoda Kaukjak; (3) Katsak, Sandra Pikujak; (4) Inuit Canada History 20th century; (5) Femmes Inuit Nunavut Biographies; (6) Inuit Canada Social life and customs; (7) Femmes Inuit Nunavut Histoire, Inuit women Canada Social life and customs; (8) Inuit personal narratives; and (9) Nunavut Biographies. Saqiyuq is the Inuit word for a strong wind that suddenly changes direction. Clearly, the lives of these strong Inuit women have totally and irrevocably changed. They are a simple story of survival and strength, the essence of their lives. Storytelling is an integral part of Inuit life and the means by which life skills and values are shared. Wachowich went to the North first to observe the Inuit. These women became her friends, and she later returned to record their stories on tape with the help of interpreters. Respectful of oral tradition, she has attempted to faithfully translate these women’s oral histories into written narrative.


Abstract: Examines social issues that characterize the ongoing crisis in housing for Aboriginal households in Canada. Highlights the impact of substandard housing conditions on women and children (Journal Abstract).


Abstract: Examines social issues that characterize the ongoing crisis in housing for Aboriginal households in Canada. Highlights the impact of substandard housing conditions on women and children (Journal Abstract).

Abstract: Objective: To determine if research has adequately examined the health needs of the Aboriginal population of Canada. Design: Review. Study Selection: Medline search of journal articles published during 1992-2001. The search terms used were “Canada” and various synonyms and categories for Canadian Aboriginal people. Each paper was categorized according to the Aboriginal group, age-sex group, comparison group, geographic location, and type of research topic (health determinant, health status, or health care). Results: Of 352 citations found, 254 were selected after elimination of those without abstracts, not containing data on Canada, or not focusing on health issues. The proportion of papers does not reflect the demographic composition of Aboriginal people in Canada, with severe underrepresentation of Métis, urban Aboriginal people, and First Nations people not living on reserves and overrepresentation of the Inuit. Children and women received less attention proportional to their share of the population. A few prolific research groups have generated a disproportionate amount of publications from a few communities and regions. To wit, 174 papers dealt with health determinants (for example, genetics, diet, and contaminants), 173 with health status, and 75 with health care. Injuries, which account for a third of all deaths, were studied in only eight papers. None of the health care papers examined rehabilitation. Conclusion: Researchers have not adequately examined several important health needs of the Aboriginal population (Journal Abstract).
12. Self-Determination and Self-Government

The research centers on issues regarding membership, citizenship and the political expressions of leadership by Aboriginal women, including issues surrounding adequate power in the government structures of Aboriginal governments. The socially constructed roles of woman in society have varied over time in terms of their economic, social and political equality to their male counterparts. Through various women’s movements at the turn of the 20th century, women in general have advocated and challenged their traditional positions, especially in terms of their participation in the political arena. It was not until 1918 that all women were given full federal right to vote in Canada, which was two years after Manitoba, Saskatchewan, and Alberta recognized women’s right to vote (Status of Women Canada, 1995). It took an additional two years for women to be given the right to run in federal elections and the first woman was elected to the House of Commons in 1921 (Status of Women Canada, 1995). There have been other milestones achieved through the unrelenting advocacy of the women’s movement, but none so revered as the passing of the Canadian Human Rights Act in 1977, which outlawed discrimination on the basis of sex and guaranteed equal pay for equal work for women.

This legislation was to usher women into the 21st century by recognizing women as equal participants and contributors to the social, economic, and political realities of Canadian society. Despite a gradual equalization and in some instances a surpassing, of treatment, opportunities and privileges in some sectors, women have not gained full equality to men because they are still noticeably absent from decision-making processes (Status of Women Canada, 1995).

The experiences of women in Canada have varied in terms of formal equality and the road to self-determination and self-government has been considerably more difficult for minority and Aboriginal women. Almey & Lindsay Colin (2004) argue that women who are visible minorities are doubly disadvantaged compared to those women who are not and that there is an even starker picture for Aboriginal women, who fare far worse, in every social, economic, and political field than any other female group in Canada. As a result, mainstream feminism has been criticized as being inadequate to the experiences of Aboriginal women. This is due largely in part to the reality that the term “Aboriginal” refers to three distinct groups in Canada, whose post-contact experiences and pre-contact history make it impossible to identify a single Aboriginal women’s feminist perspective (Rude & Deiter, 2004). As well, the role of Aboriginal women must be placed in its traditional context of “community,” rather than the role in terms of the nuclear family, as common in many Eurocentric ideologies.

The challenges and barriers that Aboriginal women face in the context of self-determination and self-government are reflective of their experiences of racism and colonialism through repressive government social policy and legislation (Deiter & Rude, 2005). Although the literature contains conflicting positions regarding the traditional pre-contact role of Aboriginal women in Canada, Sayers et al., 2001 state that roles may have varied from community to community but the contemporary devaluation of Aboriginal women through the devastating effects of colonization has resulted in the institutionalization of the European patriarchy and has contributed to the denigration of Aboriginal women by Aboriginal men. In other words, the European patriarchal ideology has been so ingrained in Aboriginal culture through colonization that the Aboriginal male bias continues to perpetuate the disintegration of the role of Aboriginal women in decision-making processes.

The European patriarchal ideology has not only embedded itself in Aboriginal culture, but it has also found its way into Aboriginal self-government structures and various self-government initiatives. This has occurred through the influence of discriminative legislation, which began in 1869 with the Gradual Enfranchisement Act and
continued with the 1876 Indian Act (Fiddler, 2005). The Indian Act was indisputably responsible for disinheriting the long-established rights of treaty status women who were denied the right to vote in band elections, hold office or participate in any public meetings (Anderson, 2000). The end result, even after several amendments such as the 1950 amendment which gave women the right to vote and run in band elections, is that women continue to be excluded from the decision-making bodies that deal with the social and cultural amenities and benefits of being a member of the community.

The exclusion from these bodies results in the silencing of women’s perspectives as they relate to the social and economic realities of living on reserve. Many of the issues surrounding child welfare, violence against women and substance abuse then take a back seat to male-dominated political agendas. Sayers et al., 2001, state that self-government and self-determination activities become dysfunctional due to lateral violence, which they describe as people who have been colonized continuing to colonize themselves using imported political and governance structures, that results in the use of intimidation, anger, control and threats. First Nations communities who attempt to move forward on self-governance without trying to resolve the negative social and economic residue left over from hundreds of years of colonization will only experience feelings of frustration and helplessness. Building self-government and establishing self-determination processes that are healthy begin with building communities and families that are healthy (Sayers et al., 2001).

The road to self-government and self-determination has been quite different for Canada’s female M\é\text{tis} population, although one can argue that the impacts of Canada’s social policy on Aboriginal people has had similar outcomes for M\é\text{tis} communities and families as it has had on First Nations. The M\é\text{tis} have been fighting for the right to be recognized as a distinct Aboriginal group for hundreds of years. In a bid to protect the inherent rights of the M\é\text{tis}, Louis Riel formed a provisional government which led to the drafting of the Manitoba Act 1870, which in turn created the Province of Manitoba. Included in the act (sections 31, 32, and 33) were provisions outlining the granting of a land base for the Manitoba “half-breeds” and their children. Last minute amendments to the act in 1871 saw the reality of a M\é\text{tis} land base disappear.

Today, there is no legislation that deals with the M\é\text{tis} as a distinct nation, nor has any level of government, provincial or federal, formally acknowledged responsibility for any social, economic, or political aspect of the M\é\text{tis} nation. Without any legislation or policies preventing or restricting M\é\text{tis} women from participating in political arenas, their experience has been quite different from First Nations, especially in Manitoba.

The Manitoba M\é\text{tis} Federation Incorporated (MMF) is the political body that is recognized by all levels of government (municipal, provincial and federal) to represent the political, social, economic and cultural interests of the M\é\text{tis} population in Manitoba. Since its incorporation in the 1960s, women have always been part of the governance structure of the MMF, although their participation seemed to reflect trends in the dominant political culture. In other words, women were not prevented from voting or running in federal elections in the 60s, however, there were very few women who were successful or even interested in pursuing political careers because of the notion that this was a “man’s job,” and the MMF governance structure mirrored this reality for quite some time (Dumont, 2005).

In 1985-86, as a result of a growing number of Aboriginal women’s groups claiming to speak on behalf of M\é\text{tis} women, the then president of the MMF, Yvonne Dumont, encouraged the M\é\text{tis} women of Manitoba to organize and then offered them a seat at the table of the Board of Directors. The reasoning behind this initiative was to provide M\é\text{tis} women with an additional voice at a table that was dominated by their male counterparts and to encourage women to participate in M\é\text{tis} self-governance processes and decision making.
Each director is elected to his/her position in regional elections (three positions per region) of which the MMF has seven. The president, however, is elected provincially. The result is a 22-person board of directors. In the MMF’s March 2003 election, eleven women and eleven men were elected to the MMF’s Board of Directors. Currently in Manitoba, there are only two female chiefs out of a possible 64 (Assembly of Manitoba Chiefs, 2005). Additionally, there has only been one female president of the MMF, who was appointed acting president to fill a vacancy, but there has not been any female candidates for the president’s position in over a decade and one has never been elected.

Although the experiences of Aboriginal people have all been similar in terms of the effects of colonization on self-government and self-determination processes, the road to overcoming the barriers to equal representation in the decision-making processes for the various female Aboriginal groups has sometimes been one that is unique. The pursuit of self-government brings with it the notion of renewed organizational structures in Aboriginal communities; however there are still residual effects of old colonial governing mechanisms at work in many Aboriginal communities (Fontaine, 2002).

The concerns of Aboriginal women seem to speak primarily about issues of formal equality, violence, and equal participation in all aspects of community. Currently there seems to be a lack of accountability in the current Aboriginal governing structures and that current proposed self-government structures will continue to silence rather than advance social, economic, and political ideals from the women’s perspective (Sayers et al., 2001).

An annotated list of resources on Aboriginal women and self-determination and self-government is set out alphabetically as follows.

**Bibliography of Resources**


Keywords: Children/Culture/Education/Government/History/Inuit Women

Abstract: During the Board of Directors’ workshop on the inherent right to self-government, Pauktuutit focused on self-government at the community level because that is where most people live out their lives. While Inuit women fully support and need self-governing structures at the regional level, and they want these recognized and protected in the Canadian Constitution, Inuit women also need to see and feel that they are self-determining at the community level. As a starting point, Board Members were asked to imagine what the ideal community would be like: “Imagine that you wake up one morning and find that your community has been transformed into the ideal community. What would it be like?” With Inuit teachers in the classroom, our children will be understood. Schools would be located in the community with the proper equipment in them, and traditional skills will be taught as a part of the school curriculum. Schools will be Inuit-run. We also need Inuit colleges and universities in the North, and regional cultural centres where Inuit history can be recorded and taught. Children will be able to get a good academic education in both Inuktitut and English. Speaking English does not have to mean losing our Inuit-ness. Self-government must promote and use Inuit culture. Inuktitut will be spoken in all government offices. Inuktitut will be the language spoken in day care centres, schools, social services, and in the home. The Inuit way of thinking and doing things will be a part of our government. Regional dialects will be promoted and preserved, for we do not all speak the same dialect and our differences must be valued and respected. Traditional cultural activities will be revived and celebrated.


Keywords: First Nations/Manitoba/Child Welfare/Aboriginal Women/Aboriginal Children/Self-Government

Abstract: This thesis focuses on some of the experiences and challenges on how First Nations citizens have been engaged in public discussions that will inform the development of contemporary First Nations governing institutions. This research combines an overview of the literature focusing specifically on self-government in relation to child welfare and First Nations people. The literature review also looks at the role First Nations people have played in community consultations,
concentrating specifically on the ways First Nations people and communities have been engaged to participate in other consultation initiatives carried out by Aboriginal and non-Aboriginal governments and/or non-government organizations. The review of the literature is supplemented by an examination of two very specific child welfare initiatives currently underway in the Province of Manitoba, with more attention paid primarily to the Manitoba Framework Agreement Initiative. The examination of these two initiatives is then followed by an in-depth data analysis of interviews carried out with a select group of child welfare professionals from within and outside Manitoba, who shared their perspectives on aspects of engaging First Nations people’s participation in shaping the future of child welfare under self-government. This research will be of particular importance to First Nations communities, governments and child welfare authorities who are interested in engaging and empowering First Nations people to participate in public discussions on the decision-making process that might be instrumental for informing the vision, philosophy, structure and the consultation aspects of self-determining efforts of First Nations peoples. The majority of interviews were conducted with female Aboriginal executive directors of the southern CFS agencies who provide services to 36 southern First Nations communities in Manitoba.


Keywords: Adequate Power/First Nations/Health/Health Care/Legal Issues

Abstract: A timely series devoted to examining legal issues in Aboriginal health. These legal issues have received little attention in the past, and thus this series is a much-needed and informative response. Readers can expect discussion of a number of topics, including the Crown’s fiduciary duty, international law and the Indigenous right to health, intellectual health property, and traditional medicine.


Keywords: Aboriginal Women/Canada/Culture/First Nations/First Nations Women/Government/Healing/Racism

Abstract: In this thesis the author examined political expressions of First Nations women. Using cultural studies concepts and aspects of Aboriginal theory, and reviewed literature in order to develop some cultural and historical understanding of First Nations cultures in Canada prior to conducting interviews with Aboriginal women. The objective was to answer three questions: how do Aboriginal women express their political interests; how do they define their roles in the politics of their communities; and finally, what do they consider “political?”. First Nations women are virtually absent from mainstream politics in Canada. The women interviewed understood the politics of federal and band governments. These political forums, however, were outside the range of the politically relevant. Despite their apparent absence on the political landscape, the women interviewed illustrated a strong commitment towards the politics of healing. Healing within First Nations cultures refers to individual, family, and community recovery from the consequences of systemic racism by European colonialism (RRCAP, 1996, v.3, 53). The women varied in their approaches to healing, but all of them articulated a commitment towards building balanced and harmonious communities defined by the values and beliefs of First Nations cultures (Author Abstract).


Keywords: Aboriginal Women/ Adequate Power/Canada/Conference Report/Inuit Women/Métis Women/Social Justice and Equity

Abstract: Summary: Aboriginal women do not have the same access to government and government processes as their male counterparts within Aboriginal organizations or within Aboriginal communities. Leadership tends to be male dominated. The continued exclusion of Aboriginal women in decision making will result in the development of policies of programs that do not accurately reflect the experiences of or the impacts on Aboriginal women. A consultation model was developed to give Aboriginal women a voice. The model was developed in conjunction with the three sponsoring organizations, the Métis National Council of Women, Native Women’s Association of Canada and Pauktuutit Inuit Women’s Association. The model was adapted into a funding proposal to the Voluntary Sector Initiative and was approved in February of 2001 with a consultation date for September of the same year. This Conference Report is the result. Notes Conference was held on September 26-29, 2001, Ottawa, Ontario.

Abstract: For Words and Silence, Editor Peggy Brock has collected a series of case studies about the relationship between Aboriginal Australian women and the land. Brock’s book contains an introduction and six chapters. All the contributors, who are mainly anthropologists, have long associations with Aboriginal people and their communities. In the introductory chapter, Brock outlines the historical development of the recognition of Aboriginal land rights in Australia from its beginnings in the 1960s to its culmination in the Native Title Act of 1993 and related pieces of State government legislation. She argues that while Aboriginal women have always been interested in the land and have been closely associated with its guardianship, the formality of the legal processes required for establishing Native title claims has made it difficult for Aboriginal women to become involved. A recurring theme of the book is that silence must not be interpreted as a lack of interest or ignorance. The silence of Aboriginal women often reflects knowledge, involvement, and even power.


Keywords: Aboriginal Women/Bill C-31/Band Membership/Cree Nation/ Saskatchewan

Abstract: For Plains Cree people, band membership has undergone many changes from pre-treaty days to the present. Prior to the Indian Act of 1876, Plains Cree determined their own band membership. The Indian Act placed the authority to decide band membership in the hands of the Superintendent General of Indian Affairs. Since the Amendment to the Indian Act in 1985 known as Bill C-31, Plains Cree people once again have the opportunity to determine their own band membership, and have regained a degree of freedom. This study examines traditional aspects of membership among Plains Indians in Saskatchewan, including organization of band societies, traditional criteria for band membership, and the influence of political leadership and conflict in membership. It then examines band membership under the Indian Act and the influence of recent amendments to the Indian Act regarding reinstatement of Indian status and band membership. Four band membership codes in Saskatchewan are examined. Interviews with reinstated status Indians were conducted to determine their experiences in the application of membership codes in their reserve communities (Author Abstract).


Keywords: Aboriginal Women/Adequate Power/Canada/Culture

Abstract: This article focuses on the role of English bourgeois family in the colonial governance in Canada. Concept of aboriginality, in addition, details on the feminist theory of historicocultural materialism, disenitlement of Aboriginal women from political decision-making practices is also discussed in detail.


Keywords: Aboriginal Women/British Columbia/Customary Law

Abstract: Fiske draws on the proceedings of a recent case heard by the British Columbia Court of Appeal which appeared to recognize the validity of Aboriginal customary law in order to assess the implications of such law for Aboriginal women, particularly in the context of the drive toward self-government. Arguing that customary law traditions constitute a powerful discursive resource, the author suggests that their impact upon women is far from straightforward, and might easily be subverted by patriarchal interests, both within and beyond Aboriginal communities themselves as a means of perpetuating existing patterns of discrimination (Dion Stout, 1997).


Keywords: Aboriginal Women/Adequate Power


Keywords: Canada/First Nations/First Nations Women/Government/ Research/Status of Women/women

Abstract: In this community-based study of governance, Elders and hereditary chiefs of the Lake Babine Nation guided three researchers, one of whom is a member of the nation, to view policy reforms and the development of
community governance in a holistic frame. Specifically, these leading women addressed the interconnections between family relations, traditional governance and the limits of federal government policies. Taking leadership within the research process, the hereditary chiefs and Elders moved beyond the focus group methods favored by the researchers by directing their meetings with the team in accordance with traditional principles and contemporary governing practices.


Keywords: Culture/Inuit Women/ Labour Involvement/Economy

Abstract: The traditional clothing produced by Inuit women is unique in the world. It is a visible statement of the creativity and practicality of Inuit women. Women have clothed their families for centuries, not only keeping their loved ones warm but doing so with skill and beauty. Today, Inuit women continue to produce beautiful clothing. This is an economic activity which women can undertake from their homes, providing goods for their family or selling the products of their labour for money. We are proud of the skills of Inuit women clothing producers, artists, and craftswomen, and we believe that their work should be included in definitions of community economic development. We sometimes hear complaints that the solutions we advocate are too southern, too Qallunaat [non-Inuit]-oriented, or that they undermine Inuit culture. Culturally based solutions are important and the facilities and services we need to address the problems facing Inuit communities must be rooted in our culture and traditions. Equally important is the need to develop solutions which work. When we support day care, we are not just advocating the creation of southern-type child care facilities; we are talking about the creation of a northern child care system. The world is changing, and our culture and lifestyles have changed in order to meet the challenges the world presents us with. More and more Inuit mothers are working outside the home so there is a real need for safe, reliable, affordable child care. We have examples of day care centres in the North which reflect the best of Inuit and southern life, which operate in both Inuktitut and English, and provide children with the care they need while their parents are at work. Finally, I would like to speak about leadership. Two years ago, in Kuujjuuaq, delegates to Pauktuutiit’s 1992 annual meeting passed a resolution directing us to develop a “code of conduct” for Inuit leaders. Following the annual general meeting, we sent the resolution to all Inuit organizations asking for information and input into the development of this code. A code of conduct for Inuit leaders, once passed by an organization, sets the standards of leadership that members of the organizations wish to uphold. It sends a clear message regarding the expectations placed on Inuit leaders. In effect, a code of conduct describes our collective vision of what a leader should be. It also sets limits by describing conduct we wish our leaders to avoid.


Keywords: Aboriginal Women/ Adequate Power/Canada

Abstract: This article discusses the Canadian Aboriginal women’s perspective on self-government. Challenge posed by the Euro-Canadian state to Aboriginal women’s autonomy, independence and decision-making capacities; Ambiguity in the definition of self-government; Status of Aboriginal women in the late 1960s among male-centered Aboriginal political realm.


Keywords: Aboriginal Women/ Government


Keywords: Aboriginal Peoples/ Aboriginal Women/Adequate Power/ Canada/First Nations/Human Rights/ Racism

Abstract: This article explores the concept of citizenship in relation to certain Aboriginal women, whose membership in First Nations is subject to Canadian federal legislation and First Nations constitutions and membership codes. In the struggle for decolonization, Aboriginal peoples use the language of rights - rights to self-determination, and claims of fundamental human rights. The state has injected its limited policy of “self-government” into this conversation, characterized by the federal government’s preference for delegating administrative powers to Indian Act bands. Since the 1985 Indian Act revisions, bands have been able to control their membership. Where prior to 1985 the federal government implemented sexist, racist legislation determining band membership, now some bands have racist, sexist membership codes. In both cases, the full citizenship capacity of affected Aboriginal women, in either the colonial state or in First Nations, is impaired. The bands in question resist criticism by invoking rights claims and traditional practices; the federal government washes its hands in deference to self-government.
The rights claims of affected women are scarcely acknowledged, much less addressed. Meanwhile, their citizenship in both dominant and Aboriginal communities is negotiated with the realities of colonialism, racism and sexism. Their experience demonstrates the limitations of citizenship theory and of Canadian citizenship guarantees (Journal Abstract).


Keywords: Aboriginal Women/ Canada/women


Keywords: Government/Métis Women/Poverty/ Status of Women

Abstract: Includes a discussion on: Aboriginal self-governance; Canadian law; male dominance; Métis women; self-government; sex discrimination; sexism; status of women; unemployment; women living in poverty.


Keywords: Aboriginal Peoples/ Canada/ Gender/Justice

Abstract: This thesis has three principal goals. The first goal is the most onerous. It is to examine the degree to which Aboriginal peoples’ experience, knowledge systems, traditions and ways of being can be held within the existing boundaries of Canadian law. This first goal is narrowed and shaped by the second, which is to examine the way gender impacts on the first question. Women’s roles and responsibilities, as well as the exclusion of women’s experience, is a theme which is woven throughout the entire thesis. The third goal is methodologically based. This thesis offers up one example of the way in which Aboriginal practices and traditions can be united with conventional Canadian legal practices. This last goal requires that this thesis be written in plain language that is accessible to people without access to technical and sometimes complicated “law talk.” This thesis is a journey of one Mohawk woman through Canadian legal relationships. The journey is an idea that is common among many Aboriginal traditions and ways. This concept as well as the practice of storytelling is used to trace the author’s progress from law student to law teacher as the vehicle through which the above goals are met. It is, as well, an examination of legal concepts such as discrimination, rights (both individual and collective) and equality. This specific examination is complemented by discussions of oppression and colonization. The conclusion which examines what is Aboriginal justice is offered to provide one opportunity to begin to consider how Aboriginal laws can be balanced with Canadian law (Author Abstract).


Keywords: Canada/Culture/ Education/First Nations/First Nations Women/Health/ History/ Immigrant Women/Social Conditions/women

Abstract: The social roles and expectations of women have differed since history was first recorded. We are able to understand Canadian history better when we know something about First Nations women and immigrant women. This document looks at the social roles and expectations of women in Canadian history. It examines the following points: living the traditional life; leaving the old life behind; day-to-day life; opportunities and new roles; sexuality, health and reproduction; family and community; women and education; and, women and the law.


Keywords: Aboriginal Women/ Adequate Human Services and Social Safety Net/ Adequate Power/Healthy Ecosystem and Sustainable Relations Between Human Beings and the Natural World


Keywords: Canada/First Nations/First Nations Women/Health/Status of Women/women

Abstract: This publication includes the following three reports: “A Strong and Meaningful Role for First Nations Women in Governance”; “First Nations Women and Governance: A Study of Custom and Innovation among Lake Babine Nation Women”; and “First Nations Governance, the Indian Act and Women’s Equality Rights”.

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Keywords: Aboriginal Women/ Canada/ Children/First Nations/First Nations Women/ Gender/Social Class/ women

Abstract: The purpose of this study is to develop a theoretical framework which will encompass elements of race, class, nation and gender as they are applicable to the position of First Nations women in Canadian and Indian society. In order for Indian women to be empowered to struggle for a fundamental change in their position, it is mandatory that Indian women and Indian people in general, develop a social class consciousness. It is time for Indian people to confront the kinds of traditionalism and nationalism that justify and condone maltreatment of Indian women and their children. This conservative nationalism is the dark side of 'liberal' multicultural policy in Canada. It is divisive and destructive. This study seeks to develop a new theoretical framework which will critique the prevailing ideology which fosters reactionary nationalism and ensnares Indian people in neocolonial hierarchies which destroy their hope and vision for the future. Indian self-government is viewed by many as a panacea for improved conditions for Indian people. This study demonstrates that Indian self-government will probably be a continuum of past neocolonialism in the absence of socialist consciousness.


Keywords: Aboriginal Women/Self-Government/Adequate Power

Abstract: For feminist analysis of power to contribute to indigenous nation building, it is necessary to understand the global commonalities of Indigenous world views and vision. The author speaks to the common holistic principles of Indigenous thought and the implications for social and political change from the perspective of a leader of the Sovereign Native Nation of Hawaii. She considers "political work to be all encompassing because all issues are interrelated."


Keywords: Canada/Gender/ Government/ Research/Female Chiefs/Aboriginal Women

Abstract: Cora Voyageur draws on quantitative and qualitative data to understand the lives and achievements of women chiefs across Canada. She explores the goals of women chiefs with respect to policy and programs at the community level. Their personal experiences are located within a critical frame that queries the impact of gender and racial inequalities and government bureaucracies on the women chiefs’ personal and professional lives.


Keywords: Adequate Power/Gender

Abstract: This article outlines and evaluates a proposal for mandated gender parity in the legislature of the new territory of Nunavut. It concludes that the proposal is consistent with democratic rights and enhances desirable relationships of representation and accountability between elector and legislator. As such, the Nunavut proposal represents an innovation reform that adapts Canadian political traditions to accommodate contemporary social cleavages. Although the results of a 1997 referendum in Nunavut preclude the implementation of the proposal in the new territory, the proposal remains a relevant contribution to policy discussions concerning the underrepresentation of women in elected office.


Keywords: Canada/Cree Nation/ Culture/Elders/History/Manitoba/Oral History/Research

Abstract: In 1994, the Chiefs of Manitoba, through the Assembly of Manitoba Chiefs (AMC), set out to create a path to self-government for the First Nations people in Manitoba. This thesis explores the concept of self-government and what this means to the Cree Elders in northern Manitoba. Four Cree Elders were interviewed: two male and two female. This thesis captures and documents their oral history and takes the research findings to restoring the traditional governing system of the Cree Nation. The research findings identify the necessary components that are essential towards building a foundation for self-government that is based on the traditional culture of the northern Cree Nation.


Keywords: Canada/First Nations/First Nations Women/Government/women
Abstract: Traditionally, the predominant principle of descent among the tribes was bilateral - meaning that descent was traced equally through both the mother’s and the father’s relatives. Next most common was matrilineal descent, the tracing of descent through the female line. Weaver states that patrilineal descent among Aboriginal peoples was much less common.
13. Identity, Culture, Spirituality and Healing

Discussion in this area includes an array of research that has focused on empowerment, resilience, positive gender and ethnic identity, as well as self-esteem factors for Aboriginal women. It includes health issues for lesbian women involved in same-sex relationships. The role of traditional culture, medicine as well as the importance of cultural teachings, storytelling and women’s responsibility as keepers of the culture will be the main focus of this section. Restorative justice measures are included in this part of the review. Lastly, the issue of healing and Aboriginal women’s approaches to healing for selves, family and community will to be considered. All of the research gathered for this section deal with the many aspects to healing, identity, spirituality as well as the role of culture in the lives of Aboriginal women. Almost all of the publications in this section have the word “heal” or “healing” or allude to this concept in their titles. Given the breadth and scope of the material in this area, this section was further divided and categorized into six subsections, all of which deal with some aspect of identity, culture, spirituality and healing in the lives of Aboriginal women and people. The material looks at: (1) healing; (2) restorative justice; (3) aspects of cultural traditions, teachings and geography; (4) spirituality and holistic well-being; (5) identity, strength and contemporary roles of women as keepers of culture; and (6) the role of traditional medicine. Only a synopsis of some of the material under each section is highlighted in this section. Additional sources for each of these subcategories can be found in the annotated list of references.

Healing

The breadth of literature under this heading alone is enormous. The topic of healing by and for Aboriginal women is very dynamic and the literature available reveals that it is also interdisciplinary in perspective. Because of the large volume of literature on healing, not all of which is covered here. Additional resources on this topic can be found in the appendices under the appropriate heading.

Absolon (1993), an Aboriginal female scholar, states in referencing the Medicine Wheel Framework that healing is both a practice and a process, requiring time and patience from all involved. Aspects of “healing” include a look at who does the “healing” and the role of healers, particularly women healers, in traditional Aboriginal societies (Chambers, 2005). Hayden (1995) looked at northern women as healers, nurturers, trainers, leaders and role models. A unique examination of Aboriginal women as healers was done by Gillis (1994), who examined the literary strategies that Native women writers used to elevate Aboriginal women to their former high status, primarily in relation to the motif of woman as healer. Struthers (2003) also depicted the everyday life of traditional Indigenous women healers by providing a synopsis of six Canadian and U.S. Ojibwa and Cree Aboriginal women healers, also known as medicine women or traditional interpreters. Included in Struthers’ article is information about their lives, backgrounds, and succinct descriptions of their traditional healing practices.

Healing has also been looked at as a “location” rather than as a process or an internal state of mind. Research on the needs of incarcerated Aboriginal women for instance focused on location regarding the need for a “healing lodge” to assist Aboriginal women in the healing process (Canada, 1992). Caissie (1999) in particular, looked at the endorsement of a women’s correctional facility called the “Okimaw Ohci Healing Lodge,” which was based on the philosophies and cultures of First Nations peoples. Other researchers who have looked at healing needs of incarcerated Aboriginal women, particularly in the Northwest Territories, include Chisholm-Smith (1995) and a biography about an Aboriginal woman’s journey to healing after being imprisoned for first-degree murder (Wiebe and Johnson, 1998). Research that has focused on the role of healing for Aboriginal women in an urban context include a publication by Hard, Apaquash and Butcher (1999), who describe how traditional Aboriginal
Annotated Overview of Research on Aboriginal Women, Health and Healing

Healing and health practices have been utilized by a multidisciplinary team approach at the Shkagamik-Kwe Health Centre in Ontario. Healing also can be difficult to achieve, especially when there has been a longstanding and continuing history of repeated traumatic events and so Lederman (1999) proposed a model of healing for Aboriginal individuals, families and communities by using naturalistic methods such as “healing circles.” Healing Circles have also been looked at by numerous other researchers. For instance, the Native Law Center of Canada (1997) published a report on the process of a “healing circle” that was used in the case of an Aboriginal man who pleaded guilty to sexual assault. Stevenson (1999) also contends that healing circles, talking circles and sharing circles have also been utilized in the field of social work by many Aboriginal communities and urban peoples and organizations. The issue of healing from trauma was also explored in a short article written by Robinson (1997), who describes a workshop that guided Aboriginal participants through difficult and personal issues that arose from intergenerational trauma such as war, oppression, poverty, racism, alcoholism, deaths of parents and siblings, including sexual, emotional and physical abuse. The positive and beneficial impact of Women’s Circles on the health and healing of Native American women in a residential women and children’s facility was explored by Saylors (2003). As Aboriginal women are expected to take leadership in healing themselves, their children, families and communities, learning circles, similar to sharing circles, were seen as a good way to share information and knowledge, as a way to explore lessons learned and to gather community-level insight into issues, and to assist in providing women with direction for the future (Irwin, 2001). The role of Aboriginal women in healing their wounded families as a result of colonization and its aftermath was considered by Kaye (1990) in an earlier Canadian Living article.

Restorative Justice

Restorative justice initiatives by Aboriginal peoples have been extensively researched and numerous research papers written about alternative justice reforms, however the literature does yield some but not much about restorative justice and Aboriginal women. Aboriginal women researchers Stewart, Huntley and Blaney (2001) documented Aboriginal women’s experiences of violence and their concerns in light of the Restorative justice reforms occurring within the court systems of British Columbia. Another look at restorative justice reforms and Aboriginal perspectives was published by the Aboriginal Women’s Action Network (2001), which provided a look at the possible implications of initiating restorative justice reforms in cases of violence against Aboriginal women and children in Aboriginal communities specifically. Circle sentencing is another initiative, which supposedly has its origins in justice practiced by Aboriginal peoples. Emma Larocque (1997) in her article states that the collective concept in these reforms has more to do with a misguided socialist assumption stemming from Western, liberal, and colonial ideas than any Native tradition. Zellerer (1999) noted that while there is great promise for restorative justice, there are significant challenges for Indigenous women in Canada such as breaking the silence and education, the needs of victims, power relationships, Elders, cultural values and resources to address these challenges.

Cultural Traditions, Teachings and Geography

Angmarlik Pauloosie, et al. (1999) is a collection of interviews with 16 Elders (both male and female) who all address a wide range of topics about the world views and traditions of a number of Aboriginal cultures. English (1996) discusses her life experiences in an Indian Residential School combined with storytelling as a healing mechanism and teaching methods using the Medicine Wheel. Cruikshank (1994), using oral history, documents the knowledge and history of two Yukon Elders from the Crow clan. Maher’s (1999) research focuses on traditional Aboriginal health beliefs and how this can allow improved understanding by health professionals about the health-related decisions made by Aboriginal people. Napholz (1998) discusses a qualitative
study among a group of urban Aboriginal women who attempted to relearn traditional roles as a way of achieving self-determination and as a potential way of helping themselves overcome problems. Women's health and community health nursing practice in geographically isolated settings was examined by Leipert and Reutter (1998). Wilson (2001) explored the First Nations peoples' relationship with land and its contribution to their experiences of place as well as their health.

Spirituality and Holistic Well-Being

Achieving well-being or “minobimadziwin” by Aboriginal women was specifically addressed by Anderson (2005), who notes that in order to have good health and a good life Aboriginal people need to become secure again with our cultures and selves. Anderson states that if we are alienated from who we are and where we have come from, we experience an intellectual, emotional and spiritual rupture that can make us sick. Stories by Aboriginal female Elders about Native and Christian spirituality were explored by Carlson and Dumont (1997). Spirituality was found to be integral to the holistic healing of women living in second-stage housing for battered women (Halcrow, 1995). Poonwasie and Charter (2001) documented the leadership efforts of Aboriginal women, groups and communities in developing their own approaches to healing and wellness based on their own world views and through the empowerment of Aboriginal communities and clients. The spirituality of Ojibway women was also highlighted in the research done by Wilson (2004) who interviewed Aboriginal women about their personal experiences and understanding of the relationship between identity and wellness.

Identity, Strength and Contemporary Roles for Aboriginal Women as Keepers of Culture

Dion Stout (2005) posits that in 1996, there were about 408,100 Aboriginal women in Canada out of a total Aboriginal population of 799,000 and that approximately 66% of these women self-identified as North American Indian, while 25% identified as Métis, 5% as Inuit and 3% as belonging to more than one Aboriginal group. Ontario and British Columbia are recognized as having the largest populations of Aboriginal women (73,725 and 71,455 respectively). Meanwhile, Aboriginal women made up the greatest share of the general female population when combined with the population statistics of the three northern territories (Nunavut (86%), Northwest Territories (50%), and the Yukon (22%)), and the provinces of Manitoba (12%), and Saskatchewan (12%). Dion Stout (2005) also emphasized that the number of Aboriginal people over 65 years of age is growing three times faster than any other age group. It is also important to point out that in 1996, Aboriginal women aged 65 and over made up 54% of all Aboriginal seniors even though proportionally to youth, fewer Aboriginal women were seniors.

Much of the other material that provides us with a statistical sense of the numbers of Aboriginal women in Canada has been characterized by research conducted by or on behalf of governments and not by Aboriginal women themselves. For instance, Elgersma (2001) provides a detailed look at the demographic and socioeconomic profile of Aboriginal women in Canada using specialized data extractions from the 1996 Census. Elgersma’s report looks at seven areas that examine population statistics, language, family, education, labour force involvement, income levels and mobility characteristics among all women in the three Aboriginal groups (Inuit, North American Indian and Métis). An early report profiling statistical information on Aboriginal women around age, household and family type and size, income, labour, industry and occupation, fertility, housing and education was Pryor’s 1984 profile using the 1981 Census data. The Department of Indian Affairs and Northern Development (DIAND) (2004) also publishes on a yearly basis summary statistics which include the age and gender distribution between First Nations men and women including residency comparisons between all First Nations communities in Canada. In addition to the summary of population statistics, DIAND prepared a report on the population projections of Aboriginal
people by gender and age for all regions across Canada (DIAND, 2003). No analysis of identity would be complete without including literature that has focused on Bill C-31’s impact on Aboriginal women. Miskimmin (1997) is one among many authors who have explored the impact of the Bill C-31 amendments to the Indian Act passed in 1985. Other profiles on Aboriginal women and their identity have been conducted in the Province of Saskatchewan by the Saskatchewan Women’s Secretariat (1999). Cultural identity was considered have a positive impact on Aboriginal women in Manitoba and the ways in which Aboriginal women draw upon cultural values, teachings and knowledge in their efforts to heal themselves, their families and their communities can enhance the health professions’ understanding of how to assist them (Wilson, 2004). In particular, Wilson notes that Aboriginal women’s identities are inseparable from their family, history, community, place and spirituality and understood in the context of their whole lives. Health care professionals need to ensure that any health care services developed for Aboriginal women are rooted in cultural practices and values that are reflective of the Aboriginal women and men they are serving.

Anderson (2000) explored the identity of Aboriginal women in Canada and how Aboriginal women’s identity has been systematically dismantled through colonization, abuse and disrespect, both within and outside the Aboriginal community. In addition to the historical analysis of the treatment of Aboriginal women is an examination of how Aboriginal women are now reclaiming cultural traditions and recreating positive images of themselves for themselves. Fontaine (2001) also looked at the complexity of identity among Aboriginal women living in a contemporary context. Similarly, Aboriginal women living in what Barrios and Egan (2002) termed a “majority culture” had been asked to comment on the meaning of being Native in addition to being a Native woman. Four themes emerged that reflected on Aboriginal women’s otherness; conflicting dominant and Native cultural messages; Native traditions as strengths particularly it taught by female Elders early in life; and the formation of positive gender and ethnic identities. Bonnett (1997) reviewed how Aboriginal women, Francophone and other minority women defined their citizenship since the turn of the century, leading up to and including their engagement with the Canadian Constitution. Foulds (1997), through the use of narratives and storytelling, focused on the lives and stories of a group of Native women from a northern Alberta reserve about their perspectives on gender, class, status, race, kinship, marriage and reproduction, spirituality, addictions and domestic violence including feminism. Foulds notes that these women’s perspectives reflect a philosophy that is clearly distinct from that of other mainstream Anglo-feminists.

Haslip (1999) also recognized that Aboriginal women play significant roles and responsibilities as keepers of the culture. Hayden (1995) touched upon the fact that many Aboriginal women walk in two worlds that are so diametrically opposed from one another that it makes it impossible for women to receive health services from a holistic perspective that takes into account the bicultural reality of some Aboriginal women. Laframboise, Heyle and Ozer (1999) also note that Aboriginal women’s roles are changing and have become more diverse as a result of European contact but that the strength of their spirituality is dependent on achieving wellness and balance.

Aboriginal women have also played a significant role in changing communities and have been at the forefront of community development (Wabie, 1999) and leadership through organizations such as child and family services (Bennett, 2003) and securing better legal support for women who have been victims of violence, in addition to providing counselling and emotional support (Phipps, 1989). The experience of Aboriginal women chiefs was covered by Voyageur (2002) who explored the impact of gender and racial inequalities and government bureaucracies on women chiefs’ personal and professional lives. Aboriginal women, Madeleine Dion Stout says, are critical players in the health development with their communities whether women are.
taking care of families, maintaining cultures, conducting research or assuming leadership roles — all this in spite of their poor health prospects. Aboriginal women view health holistically and view social and cultural conditions as integral to the health of their communities. For example, Dion Stout pointed out that childbirth in the North and midwifery in Inuit communities go hand in hand and are the heartbeat for women working to keep culture alive and well (Dion Stout, 2005). Ultimately in the end, “healthy living” for Aboriginal women depends, to a great extent, on meaningful, appropriate and responsive policies that include, engage and empower women’s participation in development (Dion Stout, 2005).

For convenience, an annotated list of resources compiled under this thematic area has been organized alphabetically below.

Bibliography of Resources


   Keywords: Family Violence/Healing/ Native women


   Keywords: Aboriginal Women/ British Columbia/ Canada/Children/Gender/ Justice/Social Justice and Equity/Violence Against Women

Abstract: This paper is intended as a comparative overview of five Aboriginal communities in British Columbia and the possible implications of initiating Restorative justice reforms in cases of violence against women and children in these communities. This document examines the ways in which Aboriginal women’s experience of colonization is mediated by gender and attempts to locate the effects of violence against women and children within this trajectory. As Aboriginal women it is our belief that our voices must be considered before any discussion of restorative justice and diversion of K files (files on violent offences against women and children) takes place. This paper looks at the conditions of women’s lives within their community, and provides a frame of reference and context should these reforms become more commonly used in cases of violence against women and children. Restorative justice as it is used for violent offenses should not be theoretical abstracted ideas that are formed in a vacuum by government officials, romanticized and removed from the context of our lives as Aboriginal people. These reforms can and do have a profound impact on women and children’s safety, particularly in communities that are geographically and socially isolated. This paper attempts to articulate our numerous concerns, taking both women’s voices and current theory around restorative justice such as ideas on reintegrative shaming into consideration (Adapted from the Executive Summary).


   Keywords: Healing/ Medicine Teachings/ Culture

Abstract: Absolon uses the Medicine Wheel framework to discuss service provision and the need to determine what constitutes healing, as well as considering the negative influences. She states that “the presence of behaviours that contribute to and sustain ‘harmonious and cohesive’ relationships is essential.” (p. 5) Healing is a process characterized by the continuum inherent in the Medicine Wheel ... the healing process requires time and patience from all involved; the healing relationship is an important factor in allowing this process to evolve (p. 12).


   Keywords: Aboriginal Women/ Community Development/Community Solidarity and Social Support/Gender/ Social Determinants

Abstract: The author discusses the role of music in Aboriginal social change movements and its connection to gender differentiation. The use of voice in healing is discussed as well as the fact that cultural and musical expressions need to be a part of the evolving and flexible movement toward recovering past ways of life and healing our communities and restoring balance after centuries of colonization, genocide and assimilation.

Annotated Overview of Research on Aboriginal Women, Health and Healing

Keywords: Native Women/Identity

Abstract: Is there a special role for Native women? Author Kim Anderson, herself a Cree-Métis woman, asserts that Native womanhood “is not about simply playing certain roles, or adopting a preset identity; rather... it is an ongoing exercise” in finding the balance between one’s individuality, place in a family, the broader community and nation, and the spiritual world. Anderson explores how the Native female identity has been dismantled over the years through colonization, abuse and disrespect, both within and outside the Native community. She shows how Native women are reclaiming their cultural traditions and creating positive images of themselves true to their heritage.


Keywords: Gender/Gender Equity/ Native women/Work

Abstract: This thesis explores the subject of Native female identity through interviews with twelve Native women in the Toronto area. The intent is to present a positive vision of Native womanhood in response to all the negative images that have plagued Native female identity since contact with the Europeans. To build this vision, the author sought out exemplary Native women and explored the following questions with them: How have Native women resisted negative definitions of identity? How have they constructed positive alternatives? What is the understanding of Native womanhood that emerges? And how does this influence the conduct of Native women in their communities? Traditions of gender equity in Native societies, and strategies of resistance to racist and sexist definitions of Native womanhood are presented as part of a literature review. The author approaches the work from a personal standpoint; that of a Native woman seeking information about her identity (Author Abstract).


Keywords: Canada/Culture/Education/ First Nations/Health/History/Justice/ Medicine/Social Conditions/Work

Abstract: In the Words of Elders: Aboriginal Cultures in Transition is a collection of interviews with 16 Elders and traditional teachers. The Native Studies Department at Trent University responded to the need for a text that provided an overview of First Nations teachings from the perspective of the Elders. Traditional teachers representing a variety of traditions and cultural areas of Canada were selected and interviewed. The result is a compelling collection of first person narratives that address a range of topics. The text contains a wealth of knowledge from a generation of respected Elders and traditional teachers. While each life story and experience is different, the collection allows the reader to glimpse and compare the world view and traditions of the Passamaquoddy, Micmac, Seneca, Mohawk, Odawa, Ojibwe, Innu, Mushkegowuck Cree, Inuit, Dakota Sioux, Saulteaux, Slavey, Dogrib, Shyshas, and Musqueam. The interviewer spent several days during 1995-1995 interviewing each Elder at home. Topics covered include: life history, creation stories, important aspects of Native culture, using traditions today, traditional dwellings, Elders, humour, work, grieving, ceremonies, time, relation between language and culture, traditional medicines and foods, education, life on the land, traditional justice, attaining balance, relations with non-Natives, dreams and prophecies. This exceptional collection proves that collaboration between academics and Elders is possible and the result can benefit all people.


Keywords: Healing/Métis Women/ Racism/Social Conditions/Spirituality and A Sense of Purpose

Abstract: Tapping her creative energy as mother, writer, workshop facilitator; celebrating friendship as a potent path to healing; acknowledging the ‘bodymind’ pain of racism and societal denial of racism; and finding the sacred within ourselves by reclaiming women’s rituals. To read Breasting the Waves is to participate in ‘a conspiracy of healing’. It is to witness the vulnerability, strength and pride of a Métis woman writer reclaiming her full powers.


Keywords: Culture/Spirituality and a Sense of Purpose


Keywords: Aboriginal Women/British Columbia/ Canada/Healing/meaningful Work and Service to Others

Abstract: This study applies a feminist
perspective to explore the lived experience of four Aboriginal women who had attended an Aboriginal residential treatment program for alcoholism at least two years previous to the study, and have been sober since that time. The study discovered a “search for healing” theme which consisted of seven interrelated themes which were: acceptance and belonging, reclaiming cultural expression, group process, mentors and role models and community support. These categories are thematically woven together to become a symbolic research/healing basket that will contain an essence of a lived experience and could be useful for further addiction treatment (Author abstract).


Keywords: Culture/Gender/Health/ Native women

Abstract: Four Native American women living in the majority culture were interviewed in a qualitative study, using snowball sampling, to explore their experiences concerning the meaning of being Native and of being Native women. A constant comparative qualitative analysis revealed four themes reflecting the women’s experiences: “otherness”; conflicting dominant and Native cultural messages; Native traditions as strengths, particularly as taught by female Elders early in life; and the formation of positive gender and ethnic identities (Journal Abstract).


Keywords: Aboriginal Women/Canada/ Healing/Health/Health Care

Abstract: Research on general health service delivery in urban areas of Canada shows that Aboriginal people face formidable barriers in accessing culturally appropriate and timely care. Over the past decade, Urban Aboriginal Health Centres (UAHCs) have emerged to address the unmet health concerns of Aboriginal people living in metropolitan areas of the country. The purpose of this research was to address the gap in social science literature on how the health care concerns of Aboriginal women are being met by UAHCs. The research aimed to give voice to Aboriginal women by asking them whether the appropriate professional services and educational programs they need to address their health care needs were being provided in the inner city. A case-study approach was used whereby three separate focus groups were conducted with Aboriginal women who were clients of the Vancouver Native Health Society (VNHS), its sister organization, Sheway, or residents of Vancouver’s Downtown Eastside (DTES). In addition, 25 semi-structured interviews were conducted with VNHS staff, health providers, government representatives, and community leaders in health care (total n=61). The findings indicate that despite efforts from various quarters to articulate the health and social concerns of the country’s marginalized populations, such has not been the case for Aboriginal women living in one of Canada’s most prosperous cities. Many Aboriginal women expressed a strong desire for a Healing Place, based on a model of care where their health concerns are addressed in an integrated manner, where they are respected and given the opportunity to shape and influence decision making about services that impact their own healing.


Keywords: Adolescent Mothers/ Adolescents/ Youth

Abstract: This study explored the effects of an Aboriginal cultural enrichment initiative on the self-concept of ten pregnant or parenting adolescent women, all but one of whom were of Aboriginal descent. The cultural enrichment activities were integrated into a program of support for adolescent mothers. Questionnaires were administered to the participants at the beginning and after six weeks of participating in the cultural enrichment component of the program. The Self-Perception Profile for Adolescents (Harter, 1988) was used to measure global self-worth and self-perception across eight domains. Overall cultural identity, cultural identity achievement, cultural behaviours and sense of affirmation and belonging were measured using the 20-item Multigroup Ethnic Identity Questionnaire (Phinney, 1998b). Individual audio-taped interviews were also undertaken following completion of the post-tests. After six weeks of the cultural enrichment program, the participants’ cultural identity achievement scores increased significantly, and participants who had achieved a strong cultural identity also had higher levels of global self-worth. Average self-concept became more positive in the specific domains of job competence and behavioural conduct. In the interviews, participants expressed positive reactions to the cultural component of the program, and attributed positive personal changes to the cultural experiences it provided. The results support the conclusion that it is highly beneficial to incorporate a cultural component into services for Aboriginal youth (Journal

Keywords: Cultural Integrity and Identity/Health/Health Care

Abstract: This short article discusses traditional medicine and healing and the author states that they both should be considered as an essential service to the Dene. The author is a consultant in all aspects of a cultural holistic approach to community development.


Keywords: Medicine/Storytelling

Abstract: A Dene Elder, George Blondin, overviews Dene stories and presents their laws regarding medicine, social, political and spiritual life. The explicit analysis he offers frames what a medicine man or woman can and cannot do and is very helpful in understanding the Dene cultural milieu.


Keywords: Aboriginal Women/Canada/Research

Abstract: Women’s roles as citizens in the constitutional arena have often been overlooked in Canada. This study provides a longitudinal analysis of some of the ways in which Anglophone, Aboriginal and Franco-Quebecois women defined their citizenship since the turn of the century, leading up to and including their engagement with the Canadian Constitution in 1980-81. Through a comparative examination of the goals of the Aboriginal, Franco-Quebecois and Anglophone women’s movements, it examines how women’s sex/gender and nationalist identities influenced their constitutional interests. Focusing on the events of the February 14, 1981 Ad Hoc Conference on Women and the Constitution, it explores how women redefined traditional notions of who is a ‘citizen’ and which citizenship issues are allowed to be raised on the constitutional agenda. Moreover, this research analyzes women’s concerns about the process and substance of the constitutional amendments, to demonstrate that ‘women's interests’ were more complex and controversial than first thought.


Keywords: Healing

Abstract: A Toronto physician, Borins, traveled throughout developing countries examining traditional healing practices, including speaking to Elders from an Ontario reserve. He argues Indigenous healing practices should be preserved and protected.


Keywords: Aboriginal Women/Culture/Healing/Health/Work

Abstract: This collection of nine articles (with an introduction by Erika Brady and a bibliography compiled by Brady, Michael Owen Jones, Jacob Owen, and Cara Hoglund) covers various topics in folk medicine and belief from an ethnographic perspective, with attention paid to multiple regions and cultural groups within North America. In the introduction, Brady discusses her work in the early 1980s as a chaplain associate at a midsize hospital in Cape Girardeau, Missouri, describing the confluence of belief systems she encountered, ranging from vernacular health systems like herbal treatment derived from Ozark natural resources, to West African-based root work that flourishes in the nearby Mississippi delta. Brady points to an issue that is prominent throughout the book when she writes, “Most consistent of all, so deeply taken for granted that it escapes notice as a traditional health belief system, is the profound, almost universal assumption that soul and body are linked in some larger pattern of meaning that should be acknowledged, and can even be altered, by prayer.” (3) All of the authors who contribute to this collection explore the complex relationships between institutionalized, formal medicine and the diverse beliefs and practices on which medical consumers rely in order to negotiate both the medical industry and their own healing logics, or the “dynamic, emergent nature of nonconventional health belief systems.” (12) The book does not specifically focus on Aboriginal women, health and healing but it does look at “The New Age Sweat Lodge” and its popularity in contemporary alternative spirituality, as well as the political complications of its appropriation from Native American spiritual practices.


Keywords: Native women/Women’s Writing/Literature/Culture
Annotated Overview of Research on Aboriginal Women, Health and Healing


Keywords: Critical Learning Opportunities/Healing


Keywords: Canada/Culture/First Nations/First Nations Women/Healing/ Women Offenders

Abstract: The plethora of reports, Task Forces and Royal Commissions to review the perilous situations of First Nations peoples and in this instance First Nations women, reached its climax in 1989 with “Creating Choices”: ‘The Task Force on Federally Sentenced Women’. This report endorsed the need for a correctional facility based, in part, on the philosophies and cultures of First Nations peoples. As a result of many recommendations outlined in this report, the ‘Okimaw Ohci Healing Lodge’ for federally sentenced First Nations women (‘Eskwewuk’) located in Maple Creek, Saskatchewan was constructed. This prison opened its doors to First Nations female offenders in November 1995 with the mandate to afford a culturally appropriate atmosphere for incarceration and (re)habilitation. The recognition given by correctional officials that something “different” was required to address the overrepresentation of First Nations peoples within penitentiaries was a positive first step. A larger problematic, however, not fully addressed with the provision of the ‘Healing Lodge’ continues to exist, that is, that the relationship between First Nations peoples and non-First Nations peoples is ingrained in colonialist and patriarchal attitudes. One must view the construction of a correctional institution structured on the views of First Nations peoples with cautious optimism. Despite the fact that an ‘apparent’ increase in sensitivity to the needs of First Nations peoples -- and more specifically women -- in Canada, the ‘Lodge’ may instead prove to be an exemplar of “mock change” or “false generosity” whose purpose it is to tranquilize First Nations people. This thesis will provide a literature review of First Nations women offenders and, using postcolonial and women’s standpoint theories, an exploratory analysis of ‘Okimaw Ohci’ itself. My purpose is twofold: first, I will examine some policy questions and issues that will need to be considered as the ‘Lodge’ continues to operate; and second, outline a “model of healing,” based upon First Nations philosophies that could be applied at the ‘Lodge’, and perhaps at other correctional institutions.


Keywords: Aboriginal Women/Healing/Correctional Facilities

Abstract: The Task Force on Federally Sentenced Women identified the need for a different correctional model to respond to the needs of incarcerated Aboriginal women. This need will be met through the establishment of a Healing Lodge. In order for the women to heal, the Healing Lodge and the activities that take place there must be responsive to those who will use them - the Aboriginal women. This document presents the final operational plan and looks at the many facets of the Healing Lodge.


Keywords: Aboriginal Peoples/ Aboriginal Women/Canada/Healing/ Health/Sexual Abuse

Abstract: The authors provide a broad overview of health issues affecting Aboriginal peoples in Canada as a basis upon which to make specific policy recommendations. Several theme areas are of direct relevance to Aboriginal women, including physical and sexual abuse, alcohol addiction and the impacts of sociostructural barriers. Moreover, in the concluding chapter, not only do the authors highlight Aboriginal women’s pivotal role in healing their communities and promoting wellness, but they emphasize the importance of drawing women into existing leadership structures. Based upon these and other findings, the report sets out a ‘plan of action’ which calls for closer collaboration among divergent groups and levels of government in the promotion of wellness and for the development of meaningful consultative mechanisms, which provide the basis for input by traditionally ‘voiceless’ groups such as Aboriginal women (Dion Stout, 1997).


Keywords: First Nations/Spirituality and A Sense of Purpose

Abstract: The stories of Native women Elders Sarah Simon, Dr. Jessie Saulteaux, Gladys McCue Taylor, Gladys Taylor Cook, and Vi Smith, as told to Joyce Carlson and Alf Dumont.
The stories weave the women's Native spiritual traditions with Christian ones.


Keywords: Culture/Healing/Health/ Health Care/History/Lead/Medicine/ Work

Abstract: When Nancy Gibson set out in 1994 to understand the work of healers in a traditional society, she said goodbye to Alberta's well-funded scientific establishment and bought an airplane ticket for Sierra Leone, a small, diamond-rich country on the Atlantic coast of Africa. She had lived there in the early 1970s as a volunteer with the international development organization CUSO. She was a young nurse then, with five children in tow and a world to save. Twenty-three years later, she was a doctoral student returning to study the potential for collaboration between Western medicine and the self-styled healers sought out by the sick in villages across the country. That encounter and others with healers in Sierra Leone gave Gibson critical insights into the strengths and durability of the country's indigenous health system, which is based on community need, available resources and local learning. Today, at 63, with a youthful face under a shock of white hair, she lives in Edmonton and is the lead researcher in a Canadian network that is investigating Aboriginal and northern health issues. Her work is an exploration of the organic connection between health and community and of the contrast between traditional knowledge and a medical system that advances on the basis of abstract numbers and linear cause and effect. Why, she asks, do we place so much faith and so many resources in lab science and health practices that exclude such factors as culture, history, spirituality and the traditional knowledge and coping mechanisms of communities?


Keywords: First Nations/First Nations Women


Keywords: Adequate Human Services and Social Safety Net/Healing

Abstract: The researcher, as part of a wider study on healing, used a particular research method to gain insight into the issue of incarcerated women in the NWT. Interviews took place with women presently incarcerated in the North as well as with those directly involved (healers, correctional officers, government and interest groups).


Keywords: Aboriginal Peoples/Canada/ Community Solidarity and Social Support/ Correctional Programming/ Critical Learning Opportunities/ Healing/Health/Life-Sustaining Values, Morals,and Ethics/Social Justice and Equity

Abstract: This report grew out of a conversation held at a 1998 gathering of Aboriginal community members brought together to explore issues of sex offender treatment in their communities. These participants knew that their healing approaches were making some fundamental changes in the life and well-being of their communities and asked whether the Aboriginal Corrections Policy Unit, Public Safety and Emergency Preparedness Canada would be interested in documenting those changes. The Native Counseling Services of Alberta agreed to undertake the participatory research project and contracted Dr. Joe Couture and Ruth Couture to undertake the research and writing of this report. The purpose of this report, while it does not focus on healing aspects related to health, is to provide a holistic picture of restorative justice healing by Biidaaban, the Mnjikaning Community Healing Strategy in Mnjikaning First Nation, that includes a description of the community, its healing process and its value to the community.


Keywords: Aboriginal Women/Northern Elders/ Older Women

Abstract: Mrs. [Annie Ned], well-known southern Yukon Elder and member of the Crow clan, was born more than a hundred years ago in the old settlement of Hutshi. Her mother died when she was a small child, so she was raised by her two grandmothers, Dakwa’a (her mother’s mother) and Dakalama (her father’s mother). Growing up under the guidance of two women born around 1850, it is not surprising that Mrs. Ned developed a deep understanding of the “old ways.”

Abstract: This paper examines the development of community-based initiatives of the Aboriginal Healing and Wellness Strategy (AHWS) as part of a movement toward social change. AHWS provides an example of new forms of programs being created as Aboriginal peoples claim and reassert their identities. Forged through a unique partnership of fifteen major Aboriginal organizations and four Ontario government ministries, a joint policy development process was instituted. A variety of culture-based services have been implemented throughout the province, including Aboriginal health access centres, healing lodges, family centres and a traditional birthing centre. As a multidisciplinary strategy, AHWS brings together traditional and Western knowledge and practice. The theoretical framework is based on the teachings of the Medicine wheel with attention to physical, mental, emotional and spiritual dimensions. This framework addresses the needs and aspirations of Aboriginal peoples to provide a comprehensive and holistic continuum of healing. Special features of the culture-based approaches will be discussed.


Abstract: This report, “Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women’s Health Project,” presents a broad historical overview of Aboriginal women’s health issues, a review of pertinent and current resources, and recommendations on how to address and improve the health of Aboriginal women in Manitoba and Saskatchewan. The authors of the study are both First Nations women and are familiar with the many health and social issues facing Aboriginal women. Health and health issues for Aboriginal women are complex issues. Constitutionally, the federal government has exclusive jurisdiction for “Indians.” Medical Services Branch is mandated to deliver health services to First Nations people. However, for Aboriginal people who are not on federal reserve land, there are jurisdictional battles over who pays for which health care services, frequently at the cost of the health of the people. Furthermore, the history of colonization in this country has severely affected the health and well-being of Canada’s Indigenous people and women in particular. The imposition of European values caused Aboriginal women to lose their economic status, language, community rights, culture, and traditional roles as healers and leaders. The high incidence of family violence against Aboriginal women is seen as one of the most tragic results. Set in the context of an historical overview, the report includes a selected literature review. The researchers also surveyed nearly 100 women, including interviews with five Elders. The analysis and report are written from an Aboriginal women’s perspective and based on the reports provided by Aboriginal women through the surveys and interviews (Executive Summary).


Available Online: http://www.cewh-cesf.ca/bulletin/v2n3/page6.html

Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Adequate Power/Canadian Women/ Cultural Differences/Health/Health Beliefs/Health Knowledge/Life-Sustaining Values, Morals and Ethics/ Women’s Health/Work

Abstract: Article appears in the Winter 2002 edition of the CEWH Research Bulletin (Vol. 2, No. 3) and in the Fall/Winter 2001/2002 issue of Network/Le Réseau (Vol. 4/5, No. 4/1). Summarizes research conducted for the Prairie Women’s Health Centre of Excellence. Describes the work of two researchers, Connie Deiter and Linda Otway, who use specific research methods to include the participation of Aboriginal women (CWHN Abstract).


Available Online: http://www.ai nc-inac.gc.ca/pr/sts/rip/rip03_e.pdf

Keywords: Canada/Gender/ Demographics/ Aboriginal Women/Men

Abstract: The Department of Indian Affairs and Northern Development (DIAND) is required by the Indian Act (Chapter I, Section 5 [1]) to record in the Indian Registry the names of individuals who are registered under the Act. The Indian Registry System (IRS) is a database which records individuals’ names and a range of non-statutory data. The Registered Indian Population by Sex and Residence describes the...
Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: This publication focuses on Aboriginal women since their experience and the socioeconomic variables used to profile them reveal a population group distinct from non-Aboriginal women, as well as Aboriginal men. Gender and race impact the socioeconomic well-being of Aboriginal women as individuals, as mothers and as members of their communities. Understanding the unique challenges facing Aboriginal women is therefore an integral part of any strategy to build stronger peoples, communities and economies. The objective of this report is to provide a demographic and socioeconomic profile of Aboriginal women in Canada which reveals the distinct challenges facing this group and help inform and support the policy-making process. Data in this report are made available from DIAND’s core tabulations and specialized data extractions from the 1996 Census of Population. The report is divided into seven main sections which examine population, language, family, education, labour force, income and mobility characteristics of Canada’s Aboriginal women by ethnic group (Inuit, North American Indian, and Métis). Where appropriate, comparable statistics are also provided for the total Canadian population, and the male population (Adapted from Introduction).


Available Online: http://www.ainc-inac.gc.ca/pr/sts/ipp_e.pdf

Keywords: Indian Demographics


Keywords: Ojibwa Women/Death


Keywords: Culture/Gender/Native women

Abstract: Four Native American women living in the majority culture were interviewed in a qualitative study, using snowball sampling, to explore their experiences concerning the meaning of being Native and of being Native women. A constant comparative qualitative analysis revealed four themes reflecting the women’s experiences: "otherness"; conflicting dominant and Native cultural messages; Native traditions as strengths, particularly as taught by female Elders early in life; and the formation of positive gender and ethnic identities (Journal Abstract).


Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/ Adequate Power/Education/Gender/ Well-being

Abstract: This publication focuses on Aboriginal women since their experience and the socioeconomic variables used to profile them reveal a population group distinct from non-Aboriginal women, as well as Aboriginal men. Gender and race impact the socioeconomic well-being of Aboriginal women as individuals, as mothers and as members of their communities. Understanding the unique challenges facing Aboriginal women is therefore an integral part of any strategy to build stronger peoples, communities and economies. The objective of this report is to provide a demographic and socioeconomic profile of Aboriginal women in Canada which reveals the distinct challenges facing this group and help inform and support the policy-making process. Data in this report are made available from DIAND’s core tabulations and specialized data extractions from the 1996 Census of Population. The report is divided into seven main sections which examine population, language, family, education, labour force, income and mobility characteristics of Canada’s Aboriginal women by ethnic group (Inuit, North American Indian, and Métis). Where appropriate, comparable statistics are also provided for the total Canadian population, and the male population (Adapted from Introduction).


Keywords: Canada/Education/Healing/ Medicine

Abstract: The author uses the story of her life and experiences in an Indian residential school combined with other women’s stories to demonstrate storytelling as a healing mechanism. Secondly, she documents Native teaching methods using the medicine wheel. Finally, she uses the contemporary figures of the Ninja Turtles to blend the traditional western educational concepts with the objectives of the Native medicine wheel. The author, who is also known as Poh-ska-ki, is a Blackfoot woman from the North Piegans Blackfoot Tribe.


Keywords: Canada/Cultural Integrity and Identity/Gender/Healing/Health/Medicine/ Mental Healing/Spirituality and A Sense of Purpose/Women’s Health

Abstract: Presents information gathered through storytelling, emphasizing the concepts, power, and potential of healing for Dene women. Focuses on Aet’sechi, a time of learning Dene beliefs and practices, a time of training, a time of gathering the knowledge that a Dene woman needs for her life, a time of instruction, a time which holds enormous power. Dene women are leading and directing efforts toward ‘healing’ themselves, their families, and their communities. Employing a modality of...
montage and storytelling, this thesis explores this enigmatic concept of ‘healing’ among Dene, and its gendered dimensions, in the community of Fort Good Hope, Northwest Territories. This account challenges the limitations of a resistance-hegemony paradigm often used to describe Aboriginal actions as embedded within colonial relations, and endeavours toward a more nuanced analysis which explores Dene ‘healing’ beyond the colonial space. ‘Healing’ is emerging as a vehicle for the assertion and celebration of Dene identity, Dene tradition and ‘Dene ways’. This thesis further explores how many Dene women in Fort Good Hope are mobilizing the power of tradition, such as -aet’sechi/ (practices associated with ‘becoming woman’), as a means of ‘healing’ social/health concerns, and influencing gender and power relations in the community.


Keywords: Native Americans/Children/ Work/ Government/Healing/ Men

Abstract: This study is about Alaskan Gwich’in Athabascans, Native Americans who grow up, make a living, and raise children in an addictive society. The work analyzes three interrelated issues: (1) the gendered social and political roles of women in Gwich’in society, (2) Gwich’in decision making with respect toward adaptation under colonial conditions, and (3) local economy, sharing semiotics in context of economic and bureaucratic reproduction of addictive processes. The first explores some of the struggles and strategies of women in Gwich’in society with respect to addiction and physical addiction. Their situations are compounded by inexplicit barriers between women and men, and positions of leadership, as well as by women’s roles in parenting. The second part explores Gwich’in habits of what they term consensus in conflict with and in support of Gwich’in notions of individualist behavior. Tensions caused by this paradox are accentuated in leadership roles which long simultaneously the traditions of Gwich’in warriors and traditional Gwich’in concepts of humility: two disparate modes which work together, but at great personal cost to Gwich’in leaders. The third central issue identifies economic domination of Gwich’in society through many subtle forms of bureaucratic and addictive abuse, including its repercussions within local economy in the form of local businesses and institutional programs sponsored by the government which nurture demand for furthering of addictions. Many Gwich’in leaders are prey to these addictive processes, although they are both advocates of change. Healing is an integral metaphor used by both Gwich’in men and women to express a common goal: escape from dependency of all sorts, form economic exploitation to physical addiction. Working across and within the healing trope is a pervasive sense of social and economic perseverance which to some emerges as closure and to others as consensus. Throughout Gwich’in country rhetoric about social pathologies and social healing occurs in financial reports, political campaigns, and women’s public and domestic discourse.


Keywords: Cultural Integrity and Identity/ Status of Women

Abstract: Combining scholarly analysis, first-person accounts, and her own experiences and insights as a Koyukun Athabascan artist and anthropologist, Phyllis Ann Fast illuminates the modern Athabascan woman’s world. Her conversations with Athabascan women offer revealing glimpses of their personal lives and a probing assessment of their professional opportunities and limitations.


Keywords: Critical Learning Opportunities/Diabetes/First Nations/ Health/ Women’s Health

Abstract: This project is an initiative of the First Nations of Quebec and Labrador Health and Social Services Commission. Partially funded by Health Canada. Also available in French under the title: Paroles et pouvoir de femmes des Premières Nations-- Manuel pour une prise de parole sur la vie, la santé... le diabète.


Available Online: http://www.envisionjournal.com/application/Articles/61.pdf#search='Seekin g%20MinoPimatisiwin'

Keywords: Aboriginal Peoples/Cultural Determinants/Cultural Integrity and Identity/ Healing/Spirituality and A Sense of Purpose

Abstract: Elsie Flette’s article provides an overview of the book Seeking Mino-Pimatisiwin: An Aboriginal Approach to Healing, written by Michael Hart. Hart’s book includes a discussion on colonization, social work’s role in colonial oppression and the role an Aboriginal approach plays in resisting this colonial oppression.

Keywords: Aboriginal Women/Culture/ First Nations/Life-Sustaining Values, Morals and Ethics

Abstract: The following article is not based on a true interview. It is an amalgamation of actual interview responses and of quotes excerpted from essays in three different books, which requires some imagination on the part of the reader. The fictitious interviews are with strong and accomplished women, willing to share their personal feelings with a curious non-Aboriginal girl. The ages of the women span the age spectrum, but the predominant voice is that of the women who have passed out of their twenties and have experienced motherhood. We explore what it feels like to be a mother and how Aboriginal women preserve and understand their identity through Elders, parents, tradition and culture. The conversations also discuss the effects of the Western notion of patriarchy on Aboriginal women. (http://research2.csci.educ.ubc.ca/indigenation/tara.htm).


Keywords: Aboriginal Women/ Manitoba/ Identity

Abstract: This thesis seeks to explore the notion and complexity of identity as it relates to Aboriginal women within the contemporary Canadian colonial context. How do Aboriginal women view and position themselves within a contemporary context? As well, how do Aboriginal women negotiate their subjectivity within conflicting historical and contemporary discourses? The overall objectives of the research are a) to provide an overview of various theoretical theories on contemporary identity; b) to record Aboriginal women’s perspectives and constructions of their identity in their own voice and; c) to provide a theoretical analysis of how Aboriginal women’s identity constructions create and open a new postcolonial space in which to (re)claim and (re)define themselves. In simple terms, the purpose of this research is simply to present the multiplicity of voice, place and identity of Aboriginal women within the contemporary Canadian perspective. On a more personal note, the fundamental purpose in pursuing this research is for me a way to honour and acknowledge my mother’s struggle and legacy as an Aboriginal woman (Adapted from the Introduction).


Keywords: Canada/Healing

Abstract: Features Cambridge Bay, a community of Inuit and southern descent people, located above the Arctic Circle in the central region of Canada. Problems of substance abuse; Regional superintendent for the Department of Personnel Clara O’Gorman’s organization of an informal wellness group (Journal Abstract).


Keywords: Gender/Native women/ Storytelling

Abstract: This thesis describes and interprets the lives and stories of a group of Native women in a northern Alberta reserve community. It seeks to explore the specific experiences and current realities faced by these women, with particular attention to the impact of colonial processes. Informed by a materialist feminist perspective, the analysis emphasizes emic perspectives and definitions of the concepts of gender, class, status, race and feminism. Through the use of first person narrative, insights on topics of kinship, marriage and reproduction, spirituality, addictions and domestic violence are presented. The use of narrative and storytelling, in conjunction with an examination of material social and economic conditions, allows for a more specific analysis of the particular experiences of this group of Native women within a relevant context. In addition, it allows for an exploration of the question of Native feminism as a philosophy distinct from that of mainstream Anglo-feminism.


Keywords: Cultural Integrity and Identity/ Education/Spirituality and A Sense of Purpose/ Work

Abstract: Circle as methodology is a poetic narrative, a Trickster tale, which is descriptive of an Aboriginal method in use, while being critical of hegemonic beliefs which confine us. Fyre Jean seeks to engage qualitative researchers from all disciplines in an ongoing
dialogue to recognize and resist the oppressive Eurocentric attitudes and practices currently shaping research norms. Creatively combining Aboriginal teachings with qualitative design, the author shares insights she gleaned when researching the material for Circle works: Transforming Eurocentric consciousness.


Keywords: Aboriginal Women/ Canada/History/ Native women/Work

Abstract: In the Sacred Hoop: Recovering the Feminine in American Indian Traditions, Laguna Pueblo/Sioux Indian writer and literary critic Paula Gunn Allen resurrects the ancient Aboriginal myths and customs that empowered Native women to be healers and shamans. Much of the contemporary literature by Native women in Canada draws its symbolic power from this centuries-old ideology. Maria Campbell's Halfbreed, Beatrice Culleton's In Search of April Raintree, and Jeannette Armstrong's Slash are works by Native women that use Native literary devices to create a symbolic ideal for Native women: woman as healer. This study examines the literary strategies these authors use to elevate the Native woman to her former high status among Indigenous peoples, primarily in relation to the motifs of woman as healer. I rely mainly on the texts themselves, but draw evidence of the earlier powerful position of Aboriginal women from mythology and history provided by Allen, Beverly Hungry Wolf and Beth Brant (Degonwadonti). As well, I examine Campbell’s, Culleton’s and Armstrong’s techniques in light of their interviews with Hartmut Lutz, and in comparison with the writings of other Native women, to demonstrate that Halfbreed, April Raintree and Slash are uniquely and universally Native women’s literature. Like Penny Petrone’s Native Literature in Canada: From the Oral Tradition to the Present, this study is “exploratory and tentative” because “the neglect that has plagued the literature of Canada’s native people” has rendered the writings of Canada’s Native women even less visible. Ultimately, I have tried to meet Petrone’s challenge to “bring to a new level of scholarship to the study and appreciation of Native Canadian literature.” (Author’s Abstract).


Keywords: Healing/Justice/ Canada/ Manitoba/ Offenders/Research

Abstract: Restorative justice is a process whereby criminal actions are dealt with in a manner that attempts to reduce the harm caused to the victim and community. The principles and concepts of restorative justice share many similarities with traditional Aboriginal teachings, and as such, the two processes can be jointly applied to address the needs of victims, offenders, and communities. This qualitative case study explores the application of traditional Aboriginal healing practices as a restorative justice process using the Helen Betty Osborne case as an example. Primary data are from interviews conducted with several key participants during November 1998 and January 1999, and from informal discussions between October 1997 and May 1999. The thesis focuses on how participants were affected by the restorative process and the potential for this process to be incorporated into the Canadian correctional system. The restorative process in the Helen Betty Osborne case affected those involved in a variety of ways. Many indicated it was a powerful and positive experience for them; while others found it to be emotionally difficult and of more benefit to the offender than the victim. Most felt that this process, with increased supports for the victim, could be successfully incorporated into the justice system. There is a role for social workers as part of the restorative justice process in the community, in the institutions, and in the development of policy and programs. Future research should focus on how this process can be incorporated into the justice system, its effect on the victim and offender, and its effect on successful community reintegration. As well, a means of evaluating this process should be developed.


Keywords: Canada/Culture/Justice/ Justice/ Victimization

Abstract: Reports on innovations in the administration of justice, social reintegration of offenders, and administration of justice alternatives, and in the recovery of damaged communities. The authors provide descriptions of programs, assessment of their impact and advocacy for further change.


Keywords: Empowerment/ Healing/ Manitoba/ Work

Abstract: This is the report of two Aboriginal and...
five non-Aboriginal women and the exploration of their spirituality within their process of healing and empowerment. This group was facilitated within the context of a second-stage group for battered women, which ran for twelve consecutive weeks. This report describes the integration of feminist and social work principles, practices, and cross-cultural considerations, which served to promote insight and awareness of the importance of addressing spirituality as integral to the holistic healing of women.


Keywords: Health/Aboriginal Peoples

Abstract: The health of Aboriginal people in Canada has been compared to that of health in Third World countries. The Shkagamik-Kwe Health Centre, an Aboriginal-based primary health centre, was recently established to address the unique needs of the Aboriginal population in one area in Canada. The purpose of this paper is to describe the Shkagamik-Kwe Health Centre in terms of the history of its development within the Aboriginal Healing and Wellness Strategy and its current programs, with particular emphasis placed on how traditional Aboriginal healing and health practices are being utilized within a multidisciplinary team approach.


Keywords: Aboriginal Peoples/Healing/ Helping Approaches/Spirituality and A Sense of Purpose

Abstract: Hart begins the book by establishing his frame of reference and by discussing the need for such an approach given the colonial context against which Aboriginal peoples continue to struggle. Exploring this general approach, Hart describes a practice often used by many Aboriginal helpers that directly reflects the sharing circle, and how this approach can be used to guide practice with individuals, families and groups in several contexts. Hart uses his own personal and professional experiences and that of other Aboriginal helpers. Throughout the book he outlines ways of adopting an Aboriginal approach to helping. The closing chapter examines one such approach, the sharing circle, and how it can be used to guide practice with individuals, families, and groups in several contexts.


Keywords: Culture/First Nations/First Nations Women

Abstract: This paper represents the author’s understanding of the roles and responsibilities of First Nations women as Keepers of the Culture. These understandings are offered with respect and without “misinterpretation or patronization.” As Patricia A. Monture Okanee has written, “[a]ny inaccuracy or vagueness must become my responsibility as the one who has woven this article together.” This author, as a non-First Nations woman, is aware of the “limits of her cultural experience and the necessity of intense and detailed sensitivity to” First Nations peoples. (2) She is also aware that many First Nations women are tired of having white women, ‘interpret, empathize and sympathize with First Nations women’. (3) She believes however that she has a responsibility to understand First Nations peoples as best as she can, “recognizing and attempting to overcome her cultural biases.” (4) This paper represents her attempt to carry out this responsibility (Adapted from the Author’s Abstract).


Keywords: First Nations/Sexual Abuse

Abstract: Profiles Gaye Hanson, a consultant at Yukon First Nations. Spiritual life; Educational background; Views on alcohol, violence and sexual abuses of women (Journal Abstract).


Keywords: Social Conditions

Abstract: Discusses the social problems confronting northern women. Comments of Lynn Brooks, Executive Director of the NWT Women’s Advisory Council, on the social issues confronting northern women; Women’s role as healers, nurturers, trainers and role models; Yukon Indian Women’s Association’s training of healers under an organization called Dene Nets’ Edet `, which means ‘People Awakening’ (Journal Abstract).


Keywords: Aboriginal Peoples/Adequate
Abstract: Reports on innovations in the administration of justice, social reintegration of offenders, administration of justice alternatives, and in the recovery of damaged communities. Provides descriptions of programs, assessment of their impact, and advocacy for further change.


Keywords: Traditional Healing Methods, First Nations Women, Group Counselling

Abstract: A traditional Aboriginal healing ceremony, called the Healing Circle, was utilized in a cognitive therapy counselling group comprised of three Ojibway First Nation and two non-Aboriginal women survivors of child sexual abuse in their mid-30s to mid-40s. The traditional ceremony and Aboriginal beliefs were examined for their impact on the counselling process. The ceremony and beliefs established a spiritual component which contributed positively to the group. Adhering to Aboriginal culture was integral to the healing process. Suggestions for non-Aboriginal counselors in facilitating the healing process for First Nations women are offered utilizing a traditional Aboriginal healing ceremony, called the healing circle, in a counseling group comprised of First Nations and non-Aboriginal women survivors of child sexual abuse. The authors also examined ceremony and Aboriginal beliefs for their impact on the counseling process. Results indicate that the ceremony and beliefs established a spiritual component that contributed positively to the group (Journal Abstract).


Keywords: 'Body, Mind and Spirit', Native Community Addictions, Treatment and Prevention

Abstract: With a phenomenal expected growth in the Canadian Aboriginal population and the fact that less than 1% of Canadian health professionals are of Aboriginal ancestry, there is an increased need for culturally competent health professionals. This article explains diverse healing traditions and links those traditions to holistic nursing practice. Respect for culturally sensitive care is necessary for understanding Aboriginal peoples in different contexts. We suggest that nursing practice, which takes into consideration the understanding of Aboriginal healing traditions, strengthens the intention of nurses to be holistic. Holism in nursing allows the profession to be on the forefront of understanding Aboriginal healing traditions; the linking of holistic nursing practice with Aboriginal healing traditions offers a foundation on which to build culturally competent care.


Keywords: Aboriginal Peoples/British Columbia/ Cultural Integrity and Identity/ Healing/Health/ Traditional Health

Abstract: With a phenomenal expected growth in the Canadian Aboriginal population and the fact that less than 1% of Canadian health professionals are of Aboriginal ancestry, there is an increased need for culturally competent health professionals. This article explains diverse healing traditions and links those traditions to holistic nursing practice. Respect for culturally sensitive care is necessary for understanding Aboriginal peoples in different contexts. We suggest that nursing practice, which takes into consideration the understanding of Aboriginal healing traditions, strengthens the intention of nurses to be holistic. Holism in nursing allows the profession to be on the forefront of understanding Aboriginal healing traditions; the linking of holistic nursing practice with Aboriginal healing traditions offers a foundation on which to build culturally competent care.
Annotated Overview of Research on Aboriginal Women, Health and Healing


Keywords: Native women/Religion

Abstract: Unavailable


Keywords: Canada/Healing/Identity/ Medicine

Abstract: Native American traditional medicine is alive and vibrant in many North American societies, although not all. These traditions coexist with other forms of healing, and the particular patterns of existence, interaction, and meaning vary among groups. The literature examining these issues is likewise diverse. This article explores, through a selective review of the recent literature, how social and behavioral scientists, among others, are focusing their investigations of traditional and alternative medicine in Native American communities of the United States and Canada today. Issues include how Native practices have persisted and changed, how they are being used (e.g., in framing cultural identity), and how they interact with other systems, especially biomedicine and faith healing.


Keywords: Culture/Native American Women

Abstract: The author posits that cultural disintegration and the resulting loss of self-esteem have acted as precursors for rampant substance abuse in Indian American communities. Particularly at risk are Native women, who have little recognition in the dominant culture but whose traditional roles of respect have also dwindled with forced acculturation. Just when a wave of reconversion ("going back to the blanket") is taking hold among Native women substance users/abusers, the even more prevalent commercialization of Indian religion and pseudo-religion are denigrating these recaptured sources of dignity and pride. This religious imperialism does not just parody true Native faiths; it robs Native women in recovery of the self-esteem building tool which has proven most effective. It also continues the appropriation of Indigenous culture which further serves to undermine coming generations of Native American women (Journal Abstract).


Keywords: Aboriginal Women/Community Solidarity and Social Support/Healing/Strong Families and Healthy Child Development

Abstract: This article speaks to the role of Aboriginal women in healing their wounded families as a result of colonization and its aftermath.


Keywords: Aboriginal Peoples/Canada/Culture/Empowerment/Healing/Health/ History/ Suicide/Youth

Abstract: Objective: To identify issues and concepts to guide the development of culturally appropriate mental health promotion strategies with Aboriginal populations and communities in Canada. Methods: We review recent literature examining the links between the history of colonialism and government interventions (including the residential school system, out-adoption, and centralized bureaucratic control) and the mental health of Canadian Aboriginal peoples. Results: There are high rates of social problems, demoralization, depression, substance abuse, suicide and other mental health problems in many, though not all, Aboriginal communities. Although direct causal links are difficult to demonstrate with quantitative methods, there is clear and compelling evidence that the long history of cultural oppression and marginalization has contributed to the high levels of mental health problems found in many communities. There is evidence that strengthening ethnocultural identity, community integration and political
empowerment can contribute to improving mental health in this population. Conclusions: The social origins of mental health problems in Aboriginal communities demand social and political solutions. Research on variations in the prevalence of mental health disorders across communities may provide important information about community-level variables to supplement literature that focuses primarily on individual-level factors. Mental health promotion that emphasizes youth and community empowerment is likely to have broad effects on mental health and well-being in Aboriginal communities (Journal Abstract).


Keywords: Aboriginal Peoples/Adequate Human Services and Social Safety Net/Canada/Community Solidarity and Social Support/Culture/Empowerment/Healing/Health/History/Strong Families and Healthy Child Development/Suicide/Youth

Abstract: Objective: To identify issues and concepts to guide the development of culturally appropriate mental health promotion strategies with Aboriginal populations and communities in Canada. Methods: We review recent literature examining the links between the history of colonialism and government interventions (including the residential school system, out-adoption, and centralized bureaucratic control) and the mental health of Canadian Aboriginal peoples. Results: There are high rates of social problems, demoralization, depression, substance abuse, suicide and other mental health problems in many, though not all, Aboriginal communities. Although direct causal links are difficult to demonstrate with quantitative methods, there is clear and compelling evidence that the long history of cultural oppression and marginalization has contributed to the high levels of mental health problems found in many communities. There is evidence that strengthening ethnocultural identity, community integration and political empowerment can contribute to improving mental health in this population. Conclusions: The social origins of mental health problems in Aboriginal communities demand social and political solutions. Research on variations in the prevalence of mental health disorders across communities may provide important information about community-level variables to supplement literature that focuses primarily on individual-level factors. Mental health promotion that emphasizes youth and community empowerment is likely to have broad effects on mental health and well-being in Aboriginal communities (Journal Abstract).


Keywords: Health/First Nations/Well-being/Government/British Columbia/Children/Indigenous Healing/Healing/Medicine/History/Aboriginal Peoples

Abstract: Historical analysis of colonization of Aboriginal peoples in British Columbia. The author explores the ways in which Aboriginal bodies were materially affected by Canadian Indian policy, which placed restrictions on fishing and hunting, allocated inadequate reserves, forced children into unhealthy residential schools, and criminalized Indigenous healing and traditional medicine.


Keywords: Aboriginal Peoples/Adequate Human Services and Social Safety Net/Adequate Income and Sustainable Economies/British Columbia/Canada/Healing/Health/Manitoba/Mental Healing/Well-being/Work

Abstract: This project was co-funded by the Aboriginal Corrections Policy Unity of Solicitor General Canada and by the Aboriginal Healing Foundation. Six Canadian Aboriginal communities generously participated in intense community-based consultations and in a National Consultative Meeting held in Winnipeg. These communities (listed in alphabetical order) are: (1) Eskasoni First Nation on Cape Breton Island, Nova Scotia; (2) Esketemc First Nation, otherwise known as Alkali Lake, British Columbia; (3) Hollow Water First Nation in southeastern Manitoba; (4) Mnjikaning First Nation at Rama, Ontario; (5) Squamish First Nation near Vancouver, British Columbia; and (6) Waywayseecappo First Nation in southwestern Manitoba. In each of these communities, key healing personnel and community volunteers grappled with very challenging and difficult questions related to the ongoing healing work in their communities and to the requirements for the road ahead, leading to sustainable well-being and prosperity.

Annotated Overview of Research on Aboriginal Women, Health and Healing

Abstract: This paper considers how traumatization of Aboriginal peoples may be of a unique process, characterized as it is by a longstanding and continuing history of repeated traumatic events, which make it extremely difficult for the process of healing to take place. This paper examines some of that traumatic history, the psychological mechanism of trauma in regard to Native individuals, families and community life. The paper proposes a model of healing and an ethnographic way of documenting data in order to re-examine this theory, speculating that the data will further facilitate the healing process. Lederman applies “naturalistic” methods to an integrated strategy of healing and research. Naturalistic refers to a research methodology that adheres to the “natural ways of each community, its tradition and its members.” Healing circles form the basis of research. By working within models informed by “grounded theory,” circle stories provide knowledge that is intergenerationally and cross-culturally significant. Research and healing are linked to policy in the struggle to confront the continuing cycle of retraumatization of Aboriginal families and communities. Lederman overlooks the need for a gender-based analysis; however, the methods described can readily be grounded in a gendered analysis.


Keywords: Aboriginal Peoples/Canada/ Critical Learning Opportunities/Life-Sustaining Values, Morals, and Ethics

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Keywords: Canada/Government/Health/ Health Care/Research/Women’s Health

Abstract: This article is an exploration of the traditional gender roles of Indian men and women. The researchers examine the roles of Native American women prior to European contact, concluding that achieving wellness and balance highlight the spiritual source of their strength.


Available Online: http://www.ualberta.ca/~qso/iejournal/vol01n02/v01n02_07.pdf

Keywords: Medicine/Prevention

Abstract: The paper establishes the central role of traditional medicine in Aboriginal society and the value of the Aboriginal traditional medicine framework in working toward healthy Aboriginal communities. The author examines fundamental differences between traditional medicine and western medicine and describes two conflicts challenging the successful integration of
Aboriginal traditional medicine within western medicine: issues of power and the Aboriginal conceptualization of illness prevention.


Keywords: Canada/Healing/Health/Empowerment/Work/Well-being

Abstract: The authors summarize past Indian health policies since Confederation. The authors also examine the differences in allopathic and holistic attitudes toward health and healing. In addition the STE Program of the Stony First Nation’s attitudes toward health and healing is explained. The STE Program is a four-step program that focuses on: (1) healing; (2) life skills; (3) upgrading; (4) work placement and according to Chief Wesley is successful, with many of the participants having an improvement in their personal well-being. Perspectives on healing and programs currently operating across Canada are discussed. Fourteen recommendations complete the article.


Keywords: Culture/Inuit Women/Medicine

Abstract: The author assesses the negative implications of the medicalization of childbirth for Inuit women and advocates greater use and validation of traditional midwifery practices (Dion Stout, 1997).


Keywords: Healing/Health/History

Abstract: A developmental model of Indian women’s long-term recovery is proposed based on American Indian thought about health and healing and life histories of six urban Indian women in recovery for three to twelve years. The qualitative analysis identified four components of the recovery process, including positive discontinuity, expanding the circle, reclaiming the mother, and developing new continuity. These components are supported by narrative analysis from the lives of a Yakama woman (Washington Plateau), a Nez Perce woman (Idaho), two Blackfeet women (Montana), and two Ojibway women (North Dakota) (Journal Abstract).


Keywords: Gender/Health/Health Beliefs/Medicine

Abstract: Western health professionals often experience difficulties in service delivery to Aboriginal people because of the disparity between Aboriginal and Western health belief systems. This article reviews the literature which considers ‘traditional’ Aboriginal health beliefs and medical systems. The traditional Aboriginal model of illness causation emphasizes social and spiritual dysfunction as a cause of illness. Supernatural intervention is regarded as the main cause of serious illness. There are gender divisions in Aboriginal society that impact on the delivery of Western health care. Management strategies such as preventative care, bush medicine, and the role of traditional healers are discussed. These belief systems are considered with particular reference to their interactions and implications with regard to the Western medical system. This information provides a framework to allow improved understanding by health professionals of the health-related decisions made by Aboriginal people (Journal Abstract).


Keywords: Aboriginal Women/Health/Medicine

Abstract: The focus of this article is on traditional Aboriginal medicine and the role of Aboriginal women as practitioners and transmitters of such knowledge. The author identifies bases for cooperation with the mainstream health community and makes policy recommendations.


Keywords: Culture/Iroquois Women/Ontario

Abstract: Unavailable


Keywords: Cultural Integrity and Identity/
Annotated Overview of Research on Aboriginal Women, Health and Healing along with a discussion of where traditional medicine is discussed throughout the document.

Abstract: This paper explores aspects of Indigenous knowledge on several levels and examines the role of Indigenous knowledge in Indigenous empowerment as the number and influence of Native people in academia increases. Indigenous peoples worldwide have a common set of assumptions that forms a context or paradigm—a collective core of interrelated assertions about Indigenous reality. Indigenous knowledge is spiritually based and spiritually derived. To remove the spiritual foundation of Indigenous knowledge is to destroy its very soul—a fact not lost on colonialist regimes. Colonial governments and institutions deprecated Indigenous knowledge and cultures and thereby justified denying Indigenous peoples a meaningful political role. The first order of Indigenous self-determination is the task of revealing the Indigenous experience, long written out of official histories. Historically, Indigenous peoples have been dependent on non-Natives to assist in developing the necessary dialogue to resist domination and exploitation. The outcome has been a history of research by the dominant culture, within the dominant discourse. This discourse devalues Indigenous knowledge and is one strategy by which the West legitimizes its own knowledge. Indigenous peoples must have an intellectual space in which to develop their own frameworks and methodologies regarding intellectual self-determination. These frameworks would then require the institutional support of the Academy and would engage “others’” discourse in a constructive manner. Instances of discourse between Indigenous Africans and Native Americans are described (Abstract taken from www.indianeducresearch.net/ed454012.htm).


Keywords: Aboriginal Women/Cultural Integrity and Identity/Health/Healthy Ecosystem and Sustainable Relations between Human Beings and the Natural World

Abstract: This report is an environmental scan on traditional medicine that was conducted for the National Aboriginal Health Organization. This examination of traditional medicine includes articulating an Indigenous knowledge approach to understanding what traditional medicine is and why it historically existed outside dominant institutions, biomedical models, and Eurocentric paradigms. The contributions of Aboriginal women to traditional medicine is discussed throughout the document along with a discussion of where traditional medicine, identity and faith healing intersect.


Keywords: Adequate Human Services and Social Safety Net/First Nations/ Healing/Health Care

Abstract: This study explores the facilitation of healing for First Nations people living in British Columbia. The purpose of the study is to develop categories to describe, from the perspective of First Nations people, what facilitates healing. The findings suggest that an effective healing program for First Nations people would invoke empowerment, cleansing, balance, discipline and belonging.


Keywords: Aboriginal Peoples/Adequate Human Services and Social Safety Net/ Healing/Health Care

Abstract: The population of Nunavut is approximately 27,000 people, of which 85% are Inuit. Within the last three generations, there have been tremendous changes at all levels of Nunavut society. Traditional Inuit practices for healing are different than and separate from the healing practices of other Aboriginal peoples in Canada. These traditional Inuit approaches are currently being explored while science-based approaches continue to be applied within Nunavut. This workshop will present traditional Inuit practices by using real life examples, e.g. midwifery and attending to injuries. Creative delivery of the workshop material will create a stimulating and experiential learning environment. This workshop is designed to allow interaction with the audience using traditional Inuit approaches to health and wellness. This workshop is in the “health for Aboriginal people” section.


Keywords: Canada/First Nations/ Gender/ Government/Research
Abstract: This thesis examines the English discourses of Algonquian and Iroquoian people of southwestern Ontario in which they discuss the impact of Bill C-31, an amendment to the Indian Act passed in 1985 with the goal to end gender discrimination. My research focuses both on the narratives of those women who (re)gained their status following the Bill, and on the narratives of community members reacting to the attempts of reinstated women and their families to return to the reserve. In examining the narratives of First Nations people, I have illustrated the complexity of the issue and shown that both the women’s life experiences and the reactions of community members to these women are related to key factors. The most important of these, for both Algonquian and Iroquoian peoples, is the maintenance of ties to the community; this has more relevance to people’s day-to-day lives than does legal status conferred by the government of Canada (Author Abstract).


Keywords: British Columbia/Healing/Health


Keywords: Aboriginal Women/Adequate Power


Keywords: Canada/Culture/Education/ First Nations/First Nations Women/ Health/History/ Immigrant Women/ Social Conditions

Abstract: The social roles and expectations of women have differed since history was first recorded. We are able to understand Canadian history better when we know something about First Nations women and immigrant women. This document looks at the social roles and expectations of women in Canadian history. It examines the following points: living the traditional life; leaving the old life behind; day-to-day life; opportunities and new roles; sexuality, health and reproduction; family and community; women and education; and, women and the law.


Keywords: Children/Culture/Healing/ Suicide/ Trauma

Abstract: The purpose of this qualitative study of a six-week effectiveness trial was to describe among a group of urban American Indian women, the process of successful traditionalism in the form of bicultural resynthesis. Bicultural resynthesis represents a major current attempt on the part of the participants to integrate traditional and contemporary demands in a positive, culturally consistent manner. The themes of shame and isolation, adapting to survive, deculturation, ethnic switching/renewal, and bicultural resynthesis are discussed. Further support is achieved for retraditionalization of American Indian women’s roles as an effective means of achieving American Indian self-determination and as a potential way of helping women overcome problems.


Keywords: Health/Health Care

Abstract: This six-week study draws on the role conflict reduction intervention plays in the lives of eight urban American Indian women. The balancing of multiple roles and integrating traditional and contemporary feminine strengths in a positive manner is the focus of the study.


Keywords: Diabetes/Education/ Empowerment/ Health/Health Care/Work

Abstract: Providing health care services to Native women has become a challenge owing to the severity of illness -- in particular, diabetes, alcoholism, and arthritis -- in this group today. If comprehensive health care is to be offered, coordination of services between physical and mental health practitioners is needed. Gathering together to support each other has been a traditional custom for Native women. An integrated health care model is discussed that offers Native women an opportunity to deal with the challenge of mental and physical health issues through traditional activities, enhancing their physical and spiritual health and receiving education while creating an atmosphere of empowerment and mutual support (Journal Abstract).

96. Native Law Centre of Canada (1997). A Healing Circle in the Innu Community of
Abstract: This report describes the process of a “healing circle” as it applied in the case of Gavin Sellon, who pleaded guilty to a case of sexual assault in 1993. The circle took place in 1996. The report describes the invitation and preparation of witnesses, as well as the events that took place during the Circle itself.


Abstract: Thesis examines factors that promoted resilience in Aboriginal people who attended residential schools. A small sample of four women and two men from First Nations groups in Alberta and Saskatchewan was studied. The research identifies factors that helped these people endure the residential school experience such as: long-term marriages, a lifelong interest in education, high intelligence, and cooperative coping strategies. A happy and nurturing childhood and a strong belief in their traditional Aboriginal religion are also pointed out as resiliency factors.


Abstract: This report describes the process of a “healing circle” as it applied in the case of Gavin Sellon, who pleaded guilty to a case of sexual assault in 1993. The circle took place in 1996. The report describes the invitation and preparation of witnesses, as well as the events that took place during the Circle itself.


Keywords: Healing/Native Women/ Work/ Ceremonies

Abstract: In 1989 the author attended a healing workshop called ‘Women Healing’. Elder Alana Abosawin, who has for some years worked with the homeless in Quebec, sang a song that told a story about ‘bush lady’. The song spoke to the author of the truth of her light brown skin and dark hair and the hidden shame that follows with the lineage of the Indian woman. It frightened the author. Today she knows the past is our past, her past, their past. In that totality she sought awareness, clarity and acceptance. It was through her eyes that were a thousand years old who saw through the author and beyond her. It was the words of her song and the beat of the drum which summoned the author from her place of slumber and began the journey towards understanding. This thesis is a search for understanding, a quest for direction and a vision of what can exist for Native women, their families and communities. This is for those who come to the circle, who place their trust in each other and in the Creator to search for the things necessary so we can reach back with something good and strong. (Abstract shortened by UMI.)


Keywords: Culture

Abstract: Tirigusuusit, Piquajait and Maligait: Inuit perspectives on traditional law -- Tirigusuusit and Maligait -- Respect for wildlife -- Dealing with wrong-doers -- Advice for women -- Emile Imaruttuq; memories of the past -- Lucassie Nutaraaluk: memories of the past -- Leaders, Elders and Shamans -- Ownership and sharing -- Murder -- Unikkaaqtuaq -- Pislit, songs


Keywords: Adequate Power/British Columbia/ Culture/Empowerment/First Nations/Healing/ Life-Sustaining Values, Morals and Ethics/ Prevention/Suicide/ Youth
Abstract: This study explores how five British Columbia First Nations women moved through suicidal ideation and intention in their youth. Much of their healing process was facilitated by a reconnection to their cultural identity and traditional Native spirituality. Phenomenological research methods were used to guide the interview process, analysis, and the interpretation of unstructured interviews. Each transcribed interview was analyzed for themes and developed into a narrative. Several procedures were used to examine the validity of the analysis and interpretation, including participant review of the findings. Three of the twelve themes that emerged suggest common experiences surrounding suicide attempts or ideation. These experiences suggest that the impact of separation from family, community, and culture was significant for each of these women. Nine of the twelve major themes describe a variety of healing experiences for these five women, involving Elders or other role models, professional counselors, family, and community. As a consequence of their healing experiences, all participants reported an increased sense of personal empowerment, a positive view of themselves, and a commitment to a positive future for themselves and other First Nations people. The significance of cultural connections and Native spirituality may have important implications for the intervention and prevention of suicide in First Nations youth (Journal Abstract).


Keywords: Adequate Human Services and Social Safety Net/Cultural Integrity and Identity/Healing/Inuit Women

Abstract: Pauktuutit Inuit Women’s Association made it a priority to look at Inuit healing in its 2001 project services for Inuit Survivors of Child Sexual Abuse. The overall purpose of this research was to identify those who practice Inuit healing across Canada and to ask them to define Inuit healing.


Keywords: Family Violence/Justice

Abstract: This report examines justice and differing definitions of justice as it relates to the human dignity and social disorder of First Nations communities. Justice in family violence issues as well as the role of Community justice is also focused on.


Keywords: Canada/Culture/Government/History/Medicine/Men

Abstract: A 16-month case study in Indian Brook, Shubenacadie was conducted to explore the significance of traditional land by surveying perceptions surrounding access to traditional medicine. Five other reserve communities were also visited to gain a broader perspective on accessibility and availability of traditional medicines for the Mi’kmaq community-at-large. As a result of occupation and habitation in Mi’km’ki, a unique and special bond has formed; thus traditional lands are central to Mi’kmaw culture and spiritual beliefs. Legal cases and treaties support Mi’kmaw tenure, but conflict has arisen and access to traditional Mi’kmaw medicines are perceived as limited. Using semi-structured interviews, transect walks, oral histories, mapping exercises, personal observation, and a review of literature, an understanding of the Mi’kmaw history, culture and belief system was established. Data collected suggest that pollution and private land ownership as well as government and Catholic prohibitions contribute to restrict access to traditional medicines for Mi’kmaw. Although individual perceptions varied, findings indicated that traditional medicines are an important part of the Mi’kmaw culture. The majority of respondents practice traditional medicine although procurement procedures vary. Perceptions indicated that postcolonial issues, such as the denial of land, influence Mi’kmaw perceptions of accessibility of traditional medicine. Despite these problems, traditional medicines are generally available to Indian Brook community members. Field study findings also suggest a connection between previous family traditional medicine practices and current individual practice. Furthermore, the study identified a range of opinions that exist regarding the role of men and women in the practice of traditional medicine (Author Abstract).


Keywords: Community Solidarity and Social Support

Abstract: Objective: To interview women involved in community organizations; to investigate the roles women are playing in community organizations; to determine how community organizations are evolving in response to social and economic changes that have occurred over the past 30 years. Summary: Karen Phipps interviewed women in various community organizations. She wanted to know what their roles are in the organizations.
She also asked how organizations have responded to social and economic changes that have occurred in the last 30 years. She is using this information for her studies at Trent University (Au).


Keywords: Native Women/Family Violence

Abstract: Examines, through oral interviews with Native women in the community, the response of Coppermine women to problems of alcohol abuse and family violence. The paper argues that women have played the decisive role in organizing community resources to secure better legal support for women victims of violence; and to provide counselling and emotional support.


Keywords: Aboriginal Peoples/Critical Learning Opportunities/Cultural Integrity and Identity/Empowerment/Manitoba

Abstract: Euro-Canadian interventions have not successfully addressed the socioeconomic problems experienced in Aboriginal communities as a result of years of colonization. Leading up to the new millennium, cultural forces have started to shift, and Euro-Canadian counselors, therapists, and other helpers began to respond more effectively to the needs of Aboriginal peoples. A number of Aboriginal groups and communities took leadership by developing their own holistic approaches to healing/wellness, based on their world views. A reflection on this process with awareness of Aboriginal world views and cultural imperatives offers possible approaches which facilitate empowerment in working with Aboriginal communities and Aboriginal clients.


Keywords: Aboriginal Women/Canada/Education/Housing/Native women

Abstract: This booklet provides statistical information on Aboriginal women. Statistics are provided on the following: number and age; household and family type and size; income; labour force activity; industry and occupation; individual female income; education; fertility; and housing.


Keywords: Healing/Poverty/Racism/Trauma

Abstract: The author discusses a four-day healing workshop “From Legacy to Choice” which was held on the Squamish Reserve in North Vancouver in 1997. The workshop was led by author and internationally known grief expert Jane Middleton-Moz. The workshop was meant to guide people through difficult personal issues arising from intergenerational trauma. This is when tragedies such as war, oppression, poverty, racism, alcoholism, deaths of parents or siblings, sexual, emotional and physical abuse are not grieved by individuals, families and communities, and the unresolved grief is carried into the next generation. Using a very interactive and personal approach, Middleton-Moz helps people understand the effects of trauma that they, their parents or grandparents experienced and helps them to validate those experiences. As part of this process, many people often begin to feel painful emotions they have blocked out for a long time. Others are able to find logical explanations for the turbulent emotions that have ruled their lives.


Keywords: Native women/Culture/Traditions


Keywords: Canada/Culture/Native women/Work

Abstract: Native Peoples comprise living, dynamic, contemporary Nations, with life ways that have survived in the midst of (indeed, in spite of) the genocide perpetrated against them by dominating non-Native cultures. Native traditions have neither vanished, as the colonizers of North America predicted, nor have they remained frozen in “pre-contact” or early contact time. Such notions are reflections of extremely powerful stereotypes that reinforce the notions of some non-Natives who feel that they can take for their own certain aspects of Native tradition that appeal to them because the traditions are supposed to belong to people unknown and long dead. This dissertation is an examination of some of the images and stereotypes of the life ways of Native peoples, in particular, the life ways of Native women, and how these have historically been related to “nature” in dominating cultures in North America (with a focus on
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Abstract: The gender implications of free trade on Aboriginal women, particularly as it relates to forestry, was examined by the authors in this study commissioned by Status of Women Canada. The report focused on the experiences of First Nations women in western Canada who were taking a lead role in advocating for Aboriginal title and rights, to protect the environment and preserve traditional lifestyles. Thirty-four First Nations women living on or near three reserves in British Columbia and Saskatchewan were interviewed. Sharing circles were held to gather their stories and perspectives on the effects of forestry and free trade. The women were deeply concerned about the pace and manner in which trade in timber has been undertaken in Canada. Their study indicates that forestry initiatives controlled by Aboriginal people have not consistently included the voices of women. Women are uncertain of how their communities are benefitting from free trade and many have organized to resist the economic development that is springing up on their traditional lands without their input and consent. While the focus of this article is on forestry, it does highlight factors that have a direct outcome on the health of Aboriginal women and communities' members. The loss of traditional foods together with commercialization is increasingly forcing people to live off store-bought foods which create health problems such as diabetes and dental concerns. Health issues, the authors note, are rarely included as part of environmental assessments when looking at the impact to wildlife and other aspects of the ecosystem. This perspective is gender specific as women tend to look at the human impacts rather than the financial and economic returns of such endeavours. This report contributes to the discussion of women and trade agreements by making the connections between First Nations women, forestry and free trade. It begins with a literature review on the following subjects: gender and Aboriginal women, traditional roles, the fur trade, Aboriginal title and rights, and free trade and logging in First Nations communities. It then summarizes interviews with 34 women on or near three reserves in British Columbia and Saskatchewan on the environmental, cultural, economic and social impacts of logging. The report concludes with recommendations on such matters as public education, natural resource management and trade agreements.

Keywords: Aboriginal Women/Adequate Income and Sustainable Economies/Adequate Power/British Columbia/Canada/Diabetes/First Nations/Free Trade/Gender/Health/Healthy Ecosystem and Sustainable Relations Between Human Beings and the Natural World/Status of Women

Available Online: http://www.swo.gov.sk.ca/ D057-ABW.pdf

Abstract: This profile of Aboriginal women in Saskatchewan offers a comprehensive overview of the issues that are most important to Aboriginal women in their struggle to improve their lives and those of their children. It is designed to assist community-based organizations and policy makers at all levels of government to better serve the needs of Aboriginal women and their families in Saskatchewan. The evidence gathered in this profile shows that the Aboriginal female population is much younger than the non-Aboriginal female population. Some of the key findings for this literature review's consideration are: (1) Aboriginal women over 15 years of age are less likely to participate in the paid labour force and more likely to spend substantial amounts of time caring for children and seniors on an unpaid basis. They have a different pattern of paid and unpaid work compared to non-Aboriginal women. This, in turn, has an impact on their incomes, which are lower than those of non-Aboriginal women;
(2) Aboriginal women are more likely to have children living with them than non-Aboriginal women, and they are also more likely to be lone parents. In Regina and Saskatoon, about half of all Aboriginal children live with a single parent, most often a lone mother. Aboriginal women are also much more likely to move their place of residence than their non-Aboriginal counterparts. Provides an overview of the issues that are most important to Aboriginal women in their struggle to improve their lives and those of their children. Addresses the health status of First Nations women, along with general demographics and statistics on education, employment, income, housing, families, and violence. Links gender-inclusive analysis with an approach that takes into consideration the broad social and economic situation of groups of people (population health approach). Features comments by a number of First Nations and Métis women in the province.


Keywords: Canada/Healing/Work/Spirituality/Abused Women

Abstract: The purpose of this study is to open the field of feminist social work practice to spiritual healing. I conducted interviews with eleven women, from various cultural and spiritual traditions, to see how they integrated spiritual healing into their work with women who have been abused. The findings identified the participants’ views on effects of abuse on the spirit, characteristics of healing and harmful spiritualities, and how spiritual healing might be beneficial for women who are healing from abuse. The women shared personal stories, ideas, approaches, and tools which could be helpful in integrating spirituality into practice with abused women. The findings also explored conflict between spirituality and feminism, ways that spirituality could be introduced into the curricula of schools of social work, nursing, or psychology, and ideas for improvement to services for abused women.


Keywords: Healing/Native women


Keywords: Culture/Healing

Abstract: Contents include: 1. Healers, dreamers, pipe carriers: communication with the sacred -- 2. All that is, set in motion -- 3. Lakol wicohan: being raised in the Indian way -- 4. Adulthood -- 5. The shadow world -- 6. Dreams and the spirit world -- 7. The calling -- 8. How ritual evolves -- 9. Ritual -- 10. Holy women who are ancestors -- 11. A healing of the people. Walking in the sacred manner is an exploration of the myths and culture of the Plains Indians, for whom the everyday and the spiritual are intertwined and women play a strong and important role in the spiritual and religious life of the community. Based on extensive first-person interviews by an established expert on Plains Indian women, Walking in the Sacred Manner is a singular and authentic record of the participation of women in the sacred traditions of northern Plains tribes, including Lakota, Cheyenne, Crow, and Assiniboine. Through interviews with holy women and the families of women healers, Mark St. Pierre and Tilda Long Soldier paint a rich and varied portrait of a society and its traditions. Stereotypical images of the Native American drop away as the voices, dreams, and experiences of these women (both healers and healed) present insight into a culture about which little is known. It is a journey into the past, an exploration of the present, and a view full of hope for the future.

Keywords: Culture/Healing/Medicine

Abstract: This article begins with Jung’s description of two predicaments which confront the contemporary psychiatrist: ‘the mystery of the patient’s difference’ and the danger of ‘committing psychic murder in the name of therapy’. The article then presents the example of one suffering individual from within a non-Western culture who used Jung, as well as her Native culture’s traditional knowledge, to find healing. This Cree woman, Yvonne Johnson, created what Jung would call temenos in order to facilitate change and called upon images of themomorphic guides to manoeuvre within the confines of her suffering. The article concludes by considering how the equivocal language of Jung’s analytical psychology may function as an effective bridge between transculturally oriented psychiatrists and their patients, and particularly between Western medical practice and the healing practices of other cultures for whom the word ‘medicine’ carries a religious connotation (Journal Abstract).


Keywords: Aboriginal Peoples/Healing/ Trauma

Abstract: The author contends that many Aboriginal communities and urban Aboriginal peoples in the field of social services are utilizing healing circles, talking circles and sharing circles as a way of providing a group support for people who are dealing with issues such as addictions, violence, grief, and trauma. In this article, the author identifies some of the helpful aspects of a healing circle.


Keywords: Aboriginal Women/British Columbia/ Social Justice and Equity

Abstract: This paper provides a comparative overview of five Aboriginal communities in British Columbia and the possible implications of initiating restorative justice reforms in cases of violence against Aboriginal women and children in these particular communities. The document examines the ways in which Aboriginal women’s experience of colonization is mediated by gender and attempts to locate the effects of violence against women and children within this trajectory. The paper looks at the conditions of women’s lives within the community, and provides a frame of reference and context should restorative reforms become more commonly used in cases of violence against women and children. The paper also attempts to articulate numerous concerns, taking both women’s voices and current theory around restorative justice such as ideas on reintegrative shaming into consideration.


Keywords: Canada/Cultural Integrity and Identity/Culture/Healing

Abstract: The purpose of this study was to describe the meaning and essence of the lived experience of Ojibwa and Cree women healers. A phenomenological methodology was implemented to answer the research question, “What is the experience of being an Ojibwa or Cree woman healer?” A purposive sample of four women, ages 48 to 59, residing in Canada and the United States, participated in unstructured, taped interviews to articulate their lived experience of the phenomenon of being an Ojibwa or Cree woman healer. The descriptions of their lived experiences were analyzed utilizing methods from Colaizzi, van Manen, Rose, and selected personal techniques employed by the researcher to preserve integrity within the Indigenous community. Seven themes emerged from the data and represent the findings of this study. They are as follows: recognizing and unfolding the healing gift; placing faith in the healing ability; mastering Indigenous culture, values, and traditions; wholesome use of self; interconnection with all; living a balanced, circular life way; and embracing mankind. These seven themes can be employed by nurse healers and/or holistic nurses to practice the art of holistic nursing (Journal Abstract).


Keywords: Canada/Cultural Integrity and Identity/Healing/Health/Health Care

Abstract: In a phenomenological research study with a purposeful sample, six Ojibwa and Cree Indigenous women healers from Canada and the United States shared their experience of being a traditional healer. Using stories obtained during open-ended, unstructured interviews, in this article I depict the lives, backgrounds, and traditional healing practices of women who, in the past, have not been afforded an opportunity to dialogue about their healing art and abilities. The methods of these women healers, their arts and their gifts, are different from those of Western conventional medicine because of dissimilar world views related to health and illness. An increased awareness of health care providers related to the ancient art of traditional healing currently practiced...
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Keywords: Family Violence/Healing/ Safety and Security/Social Justice and Equity


Keywords: Healing/Sexual Abuse/ Trauma/Work

Abstract: After the boys left, all too familiar anger bubbled up. Tears sprung into our eyes. “It’s genocide.” Strong words, strong feelings. Reliance on centrally located “experts” and the lack of local counselling services can mean that emotional wounds are left unattended. The scars left from trauma easily develop into substance abuse, depression, promiscuity, violence, and suicide -- this in kids who have yet to see their eighteenth birthday. Every Friday from October to February, a foster family traveled two hours into the city for counselling. From the safety of their foster home, three- and five-year-old sisters disclosed sexual abuse. They described many incidents of other violence and neglect. In February a crisis occurred, funding for travel and subsistence was withdrawn. Someone somewhere had decided that the girls should be cured after ten sessions and that the foster parents were simply taking advantage of counselling for a free trip into town. In a flurry of strongly worded telephone calls, facsimiles, and letters a contract for an additional eight sessions was negotiated. We take a different position. Counselling is a process between people. It can happen across the kitchen table, hiking through the bush, sitting in an office, with teachers, doctors, Elders, parents, coaches, and yes, sometimes even with professionals like ourselves. Community-based resources are typically the people to whom others go for comfort, advice, and help. These natural helpers, para-professionals, Elders, family, and friends are allies in the process of community healing. Compassionate caring, basic counselling skills, and knowledge of trauma will go a long way to facilitate the healing of children in the North. Too many children have been victims of institutional abuse and neglect for too long. It’s time to look at services for traumatized children with a view to creating a network of listeners who will support their healing.

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Keywords: Aboriginal Peoples/Adequate Human Services and Social Safety Net/British Columbia/Healing/Health/ Spirituality and A Sense of Purpose

Abstract: This report is based on the participation of Aboriginal people in Vancouver and Richmond over a 12-month period. This review engaged many community members, leaders, managers, and service providers. There were two streams of activities. One called upon the community at large to identify and prioritize health issues and to describe their present conditions and hopes for the future. The other involved various teams calling upon the community to contribute in creating information that supports health planning. Several focus groups and community meetings provided input, verified what was learned, and provided final approval to the health plan. The broad-ranging perspectives within this report reflect Aboriginal people’s holistic view of health that includes the physical, mental, emotional and spiritual aspects of being. It also embraces the individual, family, community and the earth. But what is important to Aboriginal people’s view about healing is the current health model’s exclusion of the spiritual aspect of life.


Keywords: Canada/Health/Native women

Abstract: “The Saskatoon Community Clinic began a program of outreach to Aboriginal grandmothers in the fall of 1992 with funding from Health Canada. This outreach was called the Older Native Women’s Health Project. Project staff visited grandmothers in their homes and brought them together to talk about their own health as well as that of their families and communities ... By telling their stories, the grandmothers are sharing their strength and wisdom with the community.

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Keywords: Adequate Power/Social Justice and Equity

Abstract: This chapter examines the roles and concerns of First Nations women in contemporary Canadian society. The author argues that specific events such as the creation of the Indian Act in 1869 and the passing of Bill C-31 in 1985 have had a great impact on First Nations women. To fully understand the present social, political, and economic position of First Nations women in Canada, one must look first at First Nations women in a historical context. It is certain that past events laid the foundation for the current situation.


Keywords: Canada/Gender/ Government/ Research

Abstract: Cora Voyageur draws on quantitative and qualitative data to understand the lives and achievements of women chiefs across Canada. She explores the goals of women chiefs with respect to policy and programs at the community level. Their personal experiences are located within a critical frame that queries the impact of gender and racial inequalities and government bureaucracies on the women chiefs’ personal and professional lives.


Keywords: Aboriginal Women/ Community Development/Medicine

Abstract: This study examines the consistencies between traditional and contemporary roles and responsibilities of Aboriginal women within the context of family and community development. The research sources for this thesis include using the Medicine Wheel teachings, reviewing relevant literature and conducting personal interviews with Aboriginal women. The study concludes that contemporary Aboriginal women’s roles in community development are consistent with their traditional roles. Aboriginal women are pointed out as being the “carriers of the culture” as they organize family and community events, and pass on their social customs to their children.


Available Online: http://www.public.asu.edu/~mwaller/Power%20of%20Language.pdf

Keywords: Culture/Work/Aboriginal Language/ Stories

Abstract: Reflecting biases that permeate the U.S. culture, professional accounts generally interpret stories of minority women from a deficit perspective. Problems such as substance abuse, domestic violence, and teenage pregnancy are often presented from an outsider’s viewpoint and cast as intrapersonal phenomena independent of historical, political, and cultural context. This article suggests that stories and their implications change significantly depending on whether they are interpreted from a deficit or strength perspective. Stories of American Indian women, in their own voices, are discussed as a case example (Journal Abstract).


Keywords: First Nations/Government/ Healing/ Health/Research

Abstract: Most writing on Aboriginal self-determination focuses on the constitutional or structural aspects of self-government or related philosophical issues. In this book, Wayne Wary argues that self-government can be realized only when individuals are secure in their cultural identity and can contribute to the transformation of their communities.


Keywords: Aboriginal Women/ Education/ Healing/Social Justice and Equity

Abstract: This article is written by an Aboriginal woman who looks at colonization and healing of the mind through acts of, and resistance writing.


Keywords: Healing/Social Justice and Equity

Abstract: This is a wonderful collaboration between a white man and a Native woman. It
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Abstract: Through and exploration of the epistemological Western scientific paradigm, it is demonstrated how psychopathology retraumatizes through enculturation. Through a historical examination of the Colville tribe in Washington State, the author demonstrates the profound transformations and healing that can take place through traditional knowledge and practices.


Keywords: Healing/Native Americans

Abstract: Through and exploration of the epistemological Western scientific paradigm, it is demonstrated how psychopathology retraumatizes through enculturation. Through a historical examination of the Colville tribe in Washington State, the author demonstrates the profound transformations and healing that can take place through traditional knowledge and practices.


Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Basic Physical Needs/Healing/Health


Available Online: http://www.cewh-cesf.ca/PDF/pwhce/livingWell.pdf

Keywords: Aboriginal Women/Adequate Human Services and Social Safety Net/ Cultural Determinants/Health/Health Beliefs/Health Care/Well-being/ Women’s Health

Abstract: Traditional understandings of health and wellness in Manitoba’s Aboriginal communities are distinctly different from understandings that have conventionally prevailed in most of the province’s health care institutions. This research project, undertaken by an Aboriginal Women’s Health Research Committee supported by Prairie Women’s Health Centre of Excellence (PWHCE), seeks to extend our understanding of the positive impact of cultural identity on the wellness of Aboriginal women in Manitoba and our understanding of the ways that Aboriginal women have retained and drawn upon cultural values, teachings and knowledge in their efforts to heal themselves, their families, and their communities. It includes a review and analysis of current research relevant to Aboriginal women’s identity and wellness, and presents the results of group discussions and individual interviews with Aboriginal women in Manitoba, which focused on their personal experiences and understandings of the relationship between identity and wellness. The Aboriginal women who participated in this research project take care of their health and wellness by attending to and maintaining balance between all aspects - physical, mental, emotional and spiritual - of their being. The women’s identities are inseparable from their family, history, community, place and spirituality, and understood in the context of their whole lives. Health care practitioners, providers and policy makers, as well as federal and provincial governments, need to assist Aboriginal communities in the development of the infrastructure, human resources and administrative structures needed to create and control health care services that are rooted in the cultural practices and values of the Aboriginal women and men they are serving. Further research into the connection between the well-being and identity of Aboriginal women, for example research that focuses on the identity and well-being of Aboriginal women in remote communities, will enhance our understanding (Author abstract).


Keywords: Aboriginal Peoples/Canada/ Culture/First Nations/First Nations Communities/ Health/Research

Abstract: This dissertation contributes to an expanding body of research within health geography that focuses on the role of place in shaping experiences of health. Recent research within the Geography of Health has begun to acknowledge and demonstrate that the meanings ascribed to places as well as individual experiences of places contribute to health. The birth of the journal ‘Health and Place’ is a reflection of the changing paradigms within the Geography of Health that argue for different perspectives and analyses of place. At present though, research on health and place is limited. Meanings of place and the relationship between place and health have culturally specific dimensions, yet these tend to be overlooked, especially with respect to First
Nations peoples. First Nations peoples have a relationship with the land that contributes to their experiences of place and health. However, while geographic research has explored First Nations’ health, few studies have actually attempted to explore the influence of cultural beliefs and values on health -- let alone the intricate link between the land and health. This dissertation presents the results of two separate yet interrelated approaches to understanding the intricate relationship between culture, health and place for First Nations peoples. Using data from the 1991 Aboriginal Peoples Survey, the first stage of this dissertation explores the determinants of First Nations’ health in the context of cultural variables that proxy a relationship to the land. In the second stage of this research, qualitative methods were employed to tap the process through which the land shapes First Nations’ health. The interviews were conducted in two parts. First, 17 in-depth interviews were conducted with Anishinabek (Ojibway and Odawa peoples) living in one First Nations community on Manitoulin Island, Ontario. The findings from the interviews suggest that particular geographies exist in which relationships between the land and health are manifested. These geographies are evident across different scales and they demonstrate that the land, as place, represents more than just a physical location. Rather, the land is simultaneously physical, symbolic and spiritual. Second, given that the urban First Nations population is increasing, interviews were conducted with Anishinabek who had relocated from Manitoulin Island and are currently residing in three urban locations: Hamilton, Sudbury, and Toronto. The interviews explored the extent to which cultural beliefs regarding the land could be transplanted and accommodated within urban settings. The interviews revealed that Anishinabek can successfully negotiate the specific challenges posed by urban environments and maintain connections to the land that are necessary for health. Further, the results demonstrate that negotiation takes place between and within particular geographic scales, both real and imagined. The findings of this dissertation demonstrate that culture is an important component of the link between health and place. Further, incorporating Anishinabe perspectives of health and place reveal that the current conceptualizations of health and place within the Geography of Health literature are partial (Author Abstract).


Keywords: Aboriginal Women/Australia/ Cultural Integrity and Identity/Healing/ Moari Women

Abstract: This publication comes out of a reconciliation event that took place in the State Library of NSW on 29 May 1996, organized by the Women’s Reconciliation Network.


Keywords: Children/Culture/Healing/ Suicide/ Trauma

Abstract: According to the literature, American Indians experienced massive losses of lives, land and culture from European contact and colonization, resulting in a long legacy of chronic trauma and unresolved grief across generations. This phenomenon, labeled historical unresolved grief, contributes to the current social pathology of high rates of suicide, homicide, domestic violence, child abuse, alcoholism and other social problems among American Indians. The present paper describes the concept of historical unresolved grief and historical trauma among American Indians, outlining the historical as well as present social and political forces which exacerbate it. The abundant literature on Jewish Holocaust survivors and their children is used to delineate the intergenerational transmission of trauma, grief, and the survivor’s child complex. Intervention based on American Indian ceremonies and modern Western treatment modalities for grieving and healing of those losses are described.


Keywords: Canada/Culture/ Education/Inuit Women/Violence against Women

Abstract: This article discusses restorative, community-based responses to violence against Indigenous women in northern Canada, including wife abuse, marital rape, and violence. The author argues that restorative justice holds great promise, but there are significant challenges to ensuring that violence is effectively confronted and women are protected. Six critical issues are examined: (1) breaking the silence and education; (2) the needs of victims; (3) power relationships; (4) Elders; (5) cultural values; and (6) resources. Data are provided from a study of violence against Inuit women in the Canadian eastern Arctic. Although the focus is on Indigenous communities, these issues are viewed as pertinent to many other communities and cultures (Journal Abstract).

Abstract: In two summer field seasons in 1984 and 1985, Native healers and beliefs concerning healing were investigated in a Muskekiwiniw (Swampy Cree) community in northern Manitoba, and an Asininiwin (Rocky Cree) community in northern Saskatchewan. Two traditional roles were distinguished: herbalist, and ritualist charismatic (shaman). A third type, Native Pentecostal charismatic, in the Muskekiwiniw community was a derivative of the traditional ritualist charismatic. The herbalist activity was declining in the Muskekiwiniw community, while both ritualist types were active. In the other community, both herbalist and ritualist roles were active. Active healers were capable of alleviating stress associated with changing cultural conditions. Stress levels in the Muskekiwiniw community were higher, resulting from a forced move of the community from its traditional location because of flooding from a hydroelectric project. The herbalist role could not provide adequate coping mechanisms in the face of escalating violence and alcohol abuse. The emergent Pentecostal ritualist role reduced stress by offering some members of the Muskekiwiniw community a new world view. The active traditional ritualist role incorporated elements of southern Nithawitniw (Plains Cree) and Anishinabe (Saulteaux) belief, and the charismatic nature of the role was adequate to reduce stress associated with cultural change for some individuals. Elements of older belief were still present in both communities; the concept of dream visitors, the pawakanak, was known among younger people and still subscribed to by Elders. The pawakanak are a source of power for healing, and in the past, a source of help in hunting and gathering activities. The pawakanak can take different forms, and most often appear in the shape of an animal. In both communities, sickness was categorized in two ways: that amenable to treatment by traditional herbalists or non-Native medical people, and illness induced by a person with powerful pawakanak. Many Nithawitniw believe that the latter type cannot be successfully treated by herbalists or non-Native medicine. Herbalist practitioners were usually women; in the past, many women practitioners also functioned as midwives. Herbalist materia medica included 67 plant species mentioned in interviews (Author’s Abstract).
Conclusion

This compilation and annotation of resources presents a multidisciplinary presentation of the literature which highlights issues around the health and healing of Aboriginal women in Canada. The literature on Aboriginal women’s health and healing was organized into 13 separate themes that revolved around the following: (1) colonization, racism and the unequal treatment of Aboriginal women; (2) issues related to access, delivery and perspectives around health and well-being; (3) birthing, infants, children and motherhood; (4) the physical aspects of illness such as breast cancer and cardiovascular disease; (5) mental health aspects; (6) sexual and physical violence against women; (7) the effect and implication of diabetes and Aboriginal women; (8) body image and diet among Aboriginal women; (9) environmental factors that impact on Aboriginal women’s health; (10) the health of specific women (i.e. Métis, Inuit, First Nations women, or women with disabilities or elderly Aboriginal women); (11) social, educational and economic determinants connected to Aboriginal women’s health; (12) self-government issues; and last but not least, (13) the role of identity, culture, spirituality and its connection to healing for Aboriginal women. Each of these 13 areas was in turn broken into subcategories that looked at connecting health factors and issues.

The number of studies concerning Canadian women’s health is enormous as is the body of growing resources that addresses the health concerns of Aboriginal people and more specifically, Aboriginal women in Canada. Indeed it was noted earlier in this overview that this compilation of material represents over 35 publication years. But despite the enormity of the material available, there are still general gaps in our knowledge about Aboriginal women’s gender-related differences and cultural perspectives surrounding their health. Some of the gaps identified are outlined below in bullet form.

- The gender-specific health concerns of Aboriginal women are not fully and expressly articulated in the material written by Aboriginal academics in the analysis of self-government initiatives in Canada;
- In terms of perceptions on various aspects of health, this area does miss quite a lot. In particular, the literature does not address Aboriginal women’s perspectives on aging and the process of aging;
- While there is now research that is looking at the connection between bone density and osteoporosis among Aboriginal women, there is still more research needed that addresses the bone mineral density of Aboriginal women among all three groups who are post-menopausal. A greater grasp of the risk and incidence of hip fractures among older Aboriginal women for instance just does not appear in the literature;
- Very little exists in the available literature that focuses on the preventative benefits of physical activity for Aboriginal women or a thorough examination of how Aboriginal women keep physically healthy through exercise. Nor do we know what kinds of exercise activities Aboriginal women engage in or are comfortable engaging in. Furthermore mainstream magazines, television shows, movies, and books are full of images depicting thin, healthy, well-toned women who reflect mainstream Canada’s perspective of beauty and health. This can be quite intimidating for most Aboriginal women but what also prevents Aboriginal women from getting healthy and fit requires more than just willpower, it also requires money. To eat healthy or to join a gym requires funds which most Aboriginal women on a limited income just do not have and furthermore, location may be a factor. There are no such facilities in most reserve communities. What keeps Aboriginal women from participating in physical activities is a big question that needs to be explored. More awareness needs to be generated about the benefits of
physical activity among Aboriginal women and more research needs to be conducted on how exercise can help Aboriginal women reduce depression, anxiety and/or other physical illnesses;

• Although there is some research that looks at Aboriginal beliefs around organ donations (see Molzahn, Starzomski, McDonald and Olloughlin, 2004), very little is known about Aboriginal women’s perceptions regarding organ transplantation and whether or not they would consent or would be reluctant to donate their organs. The literature also doesn’t give an understanding of how many Aboriginal women across Canada do benefit from organ donations and how contemporary medical breakthroughs in this area impact their cultural world views and belief systems;

• In terms of death and dying, there is also nothing in the literature that documents Aboriginal women’s perspectives surrounding their experiences with death, grief and loss as well as caregiving in the face of death and end-of-life issues;

• There is no doubt that Aboriginal women experience other forms of illness, however very little research exists which documents what these other illnesses might specifically be. Therefore more gender-based research that focuses on the health of Aboriginal women is needed as well as research looking at the following areas (which is not meant to be an exhaustive list): cardiorespiratory physiology and fitness; diet and nutrition with respect to cancer; tuberculosis or specific respiratory viral infections among the female Aboriginal population; streptococcal infections; bacterial infections of the intestines, other endocrine and metabolic disorders; diseases of the eye affecting vision; diseases of the nervous system, including meningitis; diseases of the ear, hearing and mastoid process; diseases of the circulatory system; diseases of the digestive system; gastrointestinal diseases; arteriosclerosis and arteriosclerosis heart disease; hypertension and stroke and other cardiovascular diseases; influenza, pneumonia, and other respiratory infections; dental and oral cavity disease; and/or cancer survivor data specific to the Canadian context; qualitative data on Aboriginal women’s experience surviving cancer and information about Indigenous women’s cancer survivor support groups;

• Compulsive gambling is a relatively new area for consideration when discussing linkages between substance abuse and mental health. With the increase of casinos all across Canada this area will become one of interest as Aboriginal women can be psychologically and economically vulnerable to compulsive gambling. Although compulsive gambling is not a substance it is considered a process addiction in that it may progress in stages similar to those in alcoholism. Research also suggests that compulsive gamblers have a higher coincidence of mental distress and may differ cognitively from non-compulsive gamblers, thus linking compulsive gambling and emotional health. Social and psychological factors are of special concern because many First Nations, especially lately in the Province of Manitoba, are establishing casino gambling on reserve as a way to increase revenues on reserve. Although addiction services in several provinces have begun to offer compulsive gambling treatment programs, it may be several years before the scope of this problem may be understood and effective treatment and prevention measures developed (Hood, Mangham, McGuire and Leigh, 1996);

• Unfortunately, other than First Nations women, not enough research exists on the impact of environmental pollution for women
in other Aboriginal groups or within an urban context. More gendered analysis is needed of the impact on Aboriginal women from commercial exploitation of fishing, mining, etc., chemical spills, toxic waste, wetland destruction, land development, use and planning, property owners, solid waste, wildlife protection and Indian rights. The pollution within cities is also impacting Aboriginal women but this lack of knowledge represents a major gap in our understanding of the environmental issues as expressed by other Aboriginal women across Canada;

• While the material on birthing and obstetrics was quite expansive, it did not address the rate of postpartum depression experienced by Aboriginal women if at all;

• Aboriginal women have the highest birth rates of all women in Canada but less is known about infertility rates among the female Aboriginal population or what the rate of loss due to miscarriage is among Aboriginal women in the three groups;

• The literature available does not provide an understanding of Aboriginal perspectives around the controversial issues of abortion and birth control;

• The material indicates that diabetes is a fact of life for a large majority of Aboriginal people and women within Canada, however, very little was addressed about the rate of amputations due to complications that women might experience;

• The literature states that one in five Canadians will experience a mental illness in their lifetime and that less than half will visit a doctor about their problems. This kind of information for Aboriginal people generally is just not available in the literature so we know even less about Aboriginal women’s experience with mental illness. Furthermore, it is likely that many Aboriginal women experiencing depression, for instance, may be unaware of their condition or even that their condition can be treated through medication, cognitive therapy or through traditional avenues. We don’t know how many Aboriginal women across Canada may be affected by mental illness or what the statistics are for women in each of the Aboriginal groups;

• Again, in terms of mental health issues, the research indicates that women may be more susceptible because of early childhood trauma, including sexual abuse, that can significantly raise the risk of a mood disorder at some point. While there is a lot of research that looks at childhood trauma, there is in actuality very little research that looks specifically at the cultural gendered experience of Aboriginal women with depression and the myriad of other mental illnesses. Furthermore there is very little material that highlights prevention and/or documents the types of culturally relevant treatments that are available and which have been effective for Aboriginal women, if at all. More research is needed to understand Aboriginal women’s mental health experiences in order to get a handle on the scope and/or rate of the problem among females in the three Aboriginal populations;

• Absolutely no data appeared on asthma among Aboriginal girls and/or women. Given some of housing conditions on reserve, it is surprising that very little research has focused on seasonal and allergy triggers. Besides housing, it is known that other triggers can cause asthma such as secondhand smoke, mould, some medications, exposure to pesticides, change in the weather, smog, pollen, etc.;

• Alzheimer’s disease is a growing issue, particular for women. Alzheimer’s disease is one type of dementia and it’s caused by a degenerative process in the brain. The research done to date indicates
that women are more likely to suffer from it than men, likely because women tend to live longer than men and are also more likely to be the primary caregiver to those who suffer from it. Very little exists about the risk factors, again if at all, to Aboriginal women for developing this disease or whether it exists or is a concern for the female population of the three Aboriginal groups in Canada;

- Rheumatoid arthritis is one of the most common forms of arthritis, affecting millions (mostly women) according to data from the Canadian Arthritis Society [http://www.thepainrelief.com/joint-pain/canadian-arthritis-society.shtml]. In addition, it is considered one of the top three common chronic diseases in Canada. However virtually nothing about the experience of Aboriginal women with this disease is known or readily available in the health research material consulted for this report. This is so even though the Canadian Arthritis Society’s website indicates that Aboriginal Canadians are harder hit by arthritis, especially older women. They say that Aboriginal women are affected the most with 70% aged 65 and older living with the disease compared to 50% non-Aboriginal Canadian women in the same age range;

- Because Aboriginal women tend to have higher BMI (body mass indexes), they may eventually at some point over time experience back pain, even though it may be short lived. The research available indicates that the following factors make back pain more likely for Aboriginal women: genetics, smoking, alcohol consumption, obesity and poor posture. There is virtually nothing about this aspect in the literature;

- In terms of the experience with pain, there is also no research that addressed the cultural aspects of pain from an Aboriginal woman’s perspective;

- In additional to dental care, the literature does not address visual impairment among Aboriginal women. In particular, Aboriginal women’s access to eye care is more complicated by the fact that they experience disproportionately lower incomes and greater responsibilities juggling work and family. Aboriginal women also tend to live longer than Aboriginal men and therefore face greater risk of blindness and their risk of visual impairment increases with age. Other existing conditions such as diabetes can also lead to complications that affect the retina and can cause blindness in Aboriginal women. Given these facts, there is absolutely nothing in the research that examines the range of vision problems experienced among the female population of the three Aboriginal groups;

- Gallbladder disease is also known to be a concern specifically for Aboriginal women. Research by the National Aboriginal Health Organization contends that 70-80% of the Aboriginal population is affected with this disease because of diet. Diabetes, being over 55 years of age and obese also increase Aboriginal women’s risk of developing gallstones. The gender implication of this disease need to be better understood, especially its impact on Aboriginal women in Canada;

- Surprisingly, there is no research that explores menstruation issues among Aboriginal girls and women in Canada;

- Given the rates of Aboriginal children coming into care through the Aboriginal child welfare systems, we still do not understand the physical, mental, or emotional impact on Aboriginal mothers who lose their children short-term, long-term and/or voluntarily because of child welfare interventions and how this may affect Aboriginal women’s health and well-being;
• The mental well-being of Aboriginal mothers who are currently incarcerated and separated from their children needs to be investigated as well to get a sense of what their experience is and what degree of harm this may have on their short- and long-term well-being;

• Also, given the numbers of Aboriginal women missing, there is a need to understand the physical, mental, emotional, and spiritual impact on their sisters, mothers, aunts, grandmothers and female friends. How are the women left behind coping healthwise with the knowledge of missing women in their lives?

• The research also does not address the rate or types of prescription drugs that are being provided to Aboriginal women under treatment for substance abuse; or for numbing patients from the physical and mental pain and anguish of living in poverty;

• Another area where there is a lack of knowledge is research connected to our understanding of the health needs of young Aboriginal women on the run or living homeless in the streets of urban centres across Canada;

• No research exists on whether Aboriginal women have developed and/or are participating in cancer or other illness/health support groups and what their experience has been from being involved in these support groups.
Annotated Bibliography of Aboriginal Women's Health and Healing Research

Martin Bennett, M.A.,
and the
Aboriginal Women's Health and Healing Research Group

Our Logo Concept

The woman standing in front of the framed hide represents the transformation of the symbol. The framed hide is a traditional aboriginal art piece that has a deep cultural meaning. The woman represents the relationship of mother and child, and the new generation. The woman's belly is a symbol of the gift, the symbol that the people never grow. And the circle hidden in a single symbol (the) symbolizes healing and the celebration of culture. The woman holds hands in agreement and union for better health for her new generations.

About the Artist

Zoey Wilkins Saini, from the Ojibwe/Chippewa Nation, on the Wawatamang Syndicated Indian Reserve on Manitoulin Island, Ontario. Her art reflects traditional Ojibwe style and her Ojibwe heritage.

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